iatl	20024	1 -	FOR STATE REGISTRAR			DEPARTA	LENT OF H	OF MARYLA EALTH AND M ICATE OF DI	ENTAL HYGI	IENE	REG. NO		0654	19
U	72031		CEASED NAME OR PRINT) (RU.	RUD	LPH '	A.		BINO		2a DATE OF		MONTH D	AY YEAR	2b. HOUR
	page r dea	3. SE:		4. RAC	`F	27.	5. DATE O			6. AGE (IN Y			IF UNDER 1 YEAR	IF UNDER 24 HRS
	1 000	0.50	MALE		UCASI	AN		BER 11	1930	5		YRS.	ONIHS DAYS	HOURS MIN.
	164 79		RTHPLACE ISTATE OR FOR INNSYLVANIA	EIGN 7b. CIT		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER M	ARRIED	9. BALTIMO	RE CITY O	EL COU		
10:	by the fried fried	100	TY OR TOWN OF DEATH			OSPITAL, NURSIN HEACULY GIVESTREET LRUNDEL H	G HOME C	R OTHER INSTI		120 USUAL C	CCUPATI FOR MOST C	ON F WORKING LIFE	126. KIND OF	F BUSINESS OR L-MUSIC
AND 212	24 hours	130 S	AL RESIDENCE (IF NURSING TATE ARYLAND	HOME OR OTHER I	UN DEI	GIVE RESIDENCE BEFORE 13. CITY OR TOWN PASADEN	ADMISSION)	134 INSIDE CIT	IY LIMITS?	204 F	ALESN	ZIP CODE DRIVE	21	122
, MARYL	d can dica	A	THER'S NAME FIRST	MIDDLE		BAMBTN		CAROLT	NE NE	AE .	WIDDLE		PAZAK	
IMORE	n and c	160 V	VAS DECEASED EVER IN	U.S. ARMED FO		213-26-		DELLA		BINO	SAME	AS #1	3	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	equires that the death certifications are signed by the attending phother please remove corbang to burial, cremation, or remoniury, or other troumatic ever	NO	Conditions, if any, v gove rise to immed cause (o), stating underlying cause	chich diote the last.	UE TO, OF (b) UE TO, OF	R AS A CONSEQUE	NCE OF		TO THE TERMI		ORCON	DITION GIVE	N IN PART 1(0	
AL RECOR	on. hos beer it permit. iene prior	CERTIFICATION	19a DATE OF OPERATIO	N 19	L CONDI	TION FOR WHICH	OPERATION	N WAS PERFOR	MED	200 AUTO	PSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
I OF VIT	PHYSICIAN: T ending physici this certificate to buriol-tronsi ad Mental Hygi d or Item 18 sh		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURR	ED (ENTERNAL	URE OF INJUR	TY IN ITEM 18 PAI	RT 1 OR PART 2)	
NOISINI	offendin offer this of us the bur h ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	1.0	e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	RM. ETC)	21f. LOCATION	N		CITY OR FO	wN	COUNTY	STATE
	R ATTENDIN haspital or IRECTOR: A hed for use ept. of Heolt tem 21 is mo		22a l certify that (l) (the saw the deceased above, (l) (we) (did	alive on		19		d that in (my) (c	, 19 our) opinion d	eath accurred	d on the do	, 1 ste and hour	ond from the	
	0 0 0 0 0 0		22d. PHYSICIAN'S NAM	efter	-17	On	(DEGREE AT	TENDING HYSICIAN	MEDICAL DIRECTOR [STAF	F IAN []	MARCI	H 7. 1986
	retoined by th TO FUNERAL should be deto with the State IMPORTANT: #		MICHAEL	SCHWA	RTZ,	_M.D			IAMMON			BALTI	MORE.	MD
	BP	(URIAL, CREMATION, RE SPECIFY) BURIAL		AR. 8			HILL CF			ORTOWN	TTO A	COUNTY	STATE
Dł	HMH - 16 50M 4/83 (VRA 15, 4)	24. FL	DINERAL DIRECTOR CULLY FUNE				MOUNT	CAIN ROA	AD 250. DATE	REC'D. BY RE	BURN GISTRAR 1986	256 REGISTR	A. MA AR'S SIGNATI EUI CAON-1	RYLAND fander

86 06549 SECTION OF STREET PORTS OF THE PROPERTY OF THE UT SATERAS ORIGINAL . Adding Theorets . Theorets HERY . T. 107407 . 1988 MINERALL A. A. KINGGE KARE NAMED AND ALERS HAVE AN ALERS HAVE AND ALERS HAVE AN ALERS HAVE AND ALERS HAVE AN ALERS HAVE AND ALERS HAVE AND ALERS HAVE AND ALERS HAVE AN ALERS HAVE AND ALERS HAV CLOS STATES TO THE PARTY OF THE

0 2 0 1	FOR STATE			DEPARTMENT OF HEA		YGIENE	76356
030	REGISTRAR DECEASED NA	MAE . BIRST		DICAL EXAMINER		REG. NO.	, , , , ,
	TYPE OR PRINT)	Marchien		ames AMES	Adams	OF ESTI- DEATH MATED	3-10-86 YEAR 13
10	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER	24 HRS. 2c DATE A	3-10-86, 2d. HC
	Male	Negro	Dec. 19		MONTHS DAYS HOURS	MIN PRONOUNCED DE AD	3-173031 135
70	BIRTHPLACE FOREIGN COUNTR	STATE OR	76. CITIZEN OF W	HAT COUNTRYS	ARRIED NEVER MARRI	P. BALTIMORE CITY OR	COUNTY OF DEATH
)	Maryl:		USA	SPITAL, NURSING HOME, OR	DOWED DIVORC	Anne Arundel	
2	Annapo		HE NOT IN SUCH F	SPITAL, NURSING HOME, OR ACILITY, GIVE STREET ADDRESS) rundel General		FOR MOST OF WORKING LIFE)	OR INDUSTRY
	JAL RESIDENC	E (IF IN NURSING HOME OF	OTHER INSTITUTION, C	IVE RESIDENCE BEFORE ADMISSION)		Federal Employ	ee Retired
	Maryla	nd Anne	Arundel	Annapolis	13d INSIDE CITY LIMITS?	304 Forest Bea	ch Rd. 21401
14.	FATHER'S NAM		MIDDLE	LAST	15. MOTHER'S MAIDE		LAST
1	Hezeki			Adams	Harrie		Anderson
lán	(YES, NO, OR UNK	(1 1 co. 0 11 c	VAR OR DATES)	16b. SOCIAL SECURITY NO		ADDRESS	21401
	Yes	WW		214-05-1630	Prudence	Adams 358 Fores	t Beach B3.
	PARTIL	OF DEATH (Enter only DEATH WAS CAUSED	one couse per lin	e far (a), (and (c).)			BETWEEN ONSET AND DE
ION		SIGNIFICANT CONDITIONS C	ONTRIBUTING TO GEAT	BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PAI	RT 1 (as	
	In- DATE	OF OPERATION	In cour	ITION FOR WHICH OPERATION	NAME OF THE ORDER		
CERTIFICATION	170. DATE C	OF OPERATION	198 COND	ITION FOR WHICH OPERATIO	IN WAS PERFORMED?		20 AUTOPSY?
	21a. EXTER	NAL CAUSE WAS	21b. TIME C		It. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART	YES NO
		IG OR		M. MONTH DAY YEAR			
MEDICAL	21d INJURY	OCCURRED		OF INJURY (AT HOME. 21	f. LOCATION STREET	CITY OR TOWN	COUNTY STA
1	AT WORK	NOT WHILE		S. Ser, Calan, E. P.C.	311667	CHTOKIOWN	COUNTY
	22a. I ce	rtify that I took charge	of the remains de	scribed above, held an	utopsy , Inspection	, Inquiry , ond in	n my apinion
	death rest	ilted from: Nature	al causes 🔼	Accident , Suicide	, Homicide .	Undetermined manner,	
	ACTUAL	0	5 1	11 1	TITLE (SPECIFY)		DATE 3 ALL-'VE
+	SIGNATUR	/	1200		M.D	MEDICAL EXAMINER	DATE 3 - 10 - 86
	EXAMINER (TYPE OR P	SNAME James	E. Wheel	ler, M.D.	ADDRES 116 GU	mbottom Rd. Crow	insville 21032
23a	BURIAL, CREM	ATION, REMOVAL 23		23c. NAME OF CEMETE	RY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE
	Buri		3-13-86		oadneck Cem.	Anne Arundel C	County. Md.
	FUNERAL DIR		ADDRES	4101 Edmondso	1229 250. DATE R	EC'D. BY REGISTRAR 25b. REGISTR	RAR'S SIGNATURE
-	Lat. Slig1	T M. SOIIGE	s,or. FA	4101 Edmondso	n Ave. MAR	1 2 1986	

STATE OF MARTLAND

2186 29106 778:5024

...le Dec. 10, 1-11 '4

Construction of the Article Country

and its control of the second second

Maryland Anne Arundel Anne 11:0 X 304 Forest esch Dr. 21411

eze ion

C1401 C14-C-13 Ir de ce de c Porest enc. M. II 214-C-13

The second secon

Print 3-13-0 Francisco Co. Haringel Cont., d. 21227 21227 Printl'. Jones, Fr. Francisco, ve.

CAST THORITON AND VARIOUS AND

Con DESIGNATION

DHMH - 16 60M 7/B4

(VRA 15, 4)

Burial March 18,86 Druid Ridge Cemetery

Pikesville. Baltimore Co., Md.

24 FUNERAL DIRECTOR 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 3204 Mountain Rd. McCully Funeral Home/ Pasadena. Md. 21122

Grine Davidson Randalle

Male Barrens Par E Land B alam

.... A section of the section of the

. ye and the lad - relaci Ladbrad faromed leading and the storm

Target V. Lin ber Policy Chart X 200 Community of the Com

20 - - w: 212-1-154 count with an examination with the 2015

History of the contract of the COLUMN TARREST TOTAL COLUMN NO. CALC. OR STREET, VILLED STREET, VI Sant to the Parkets of the sales of The Control of the Co

2 6 1 3 3 4

Locates for a street to the control of the mailing for a mound

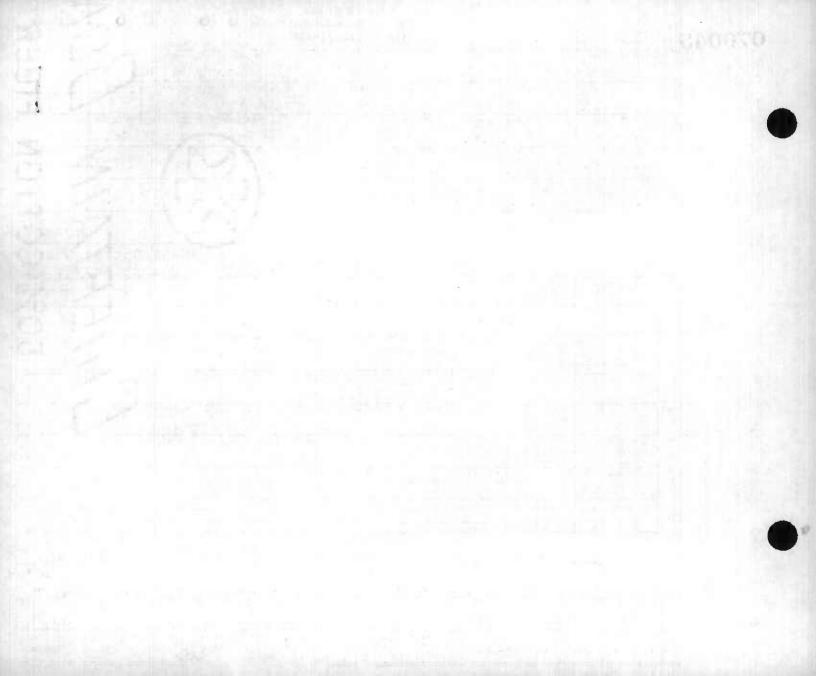
i se suca contra hardif .co Of -75-15 -- o

Burial 10-31-10-1 lon Javen en. les varile d... id.

					STATE OF MARYLAND
			1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 6 3 5
	- 11748		1 -	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
	0 2 . 0	1 1	1 DEC	CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	o m=			OR PRINTI A A A	ADALGEAN
	poge poge	31		CARRIE	0.0000
	e d .	10	3. SE)		4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	ctor s af			f	BACK MONTH 17 1905 80 YRS MONTHS DATS HOURS MIN.
	Pog dire	Lan.	7n. BI	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY? 8
	4 5	F/\		OUNIRY)	MARRIED WEVER MARRIED WARRIED WARRIED WARRIED WARRIED WARRIED
	9 9 9	8		G19.	M. D. FT. WIDOWED DIVORCED MINNE H) UNDER MD
	j 63/	3-2	10 CI	TY OR TOWN OF DEATH,	17 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 170 KIND OF BUSINESS OR
5	s of	30	6	ANNADOLIS	HANE AMUNDEL GENERAL HOSP, NUMBES AID.
12	in to	ğ	USU	AL RESIDENCE IN NURSING HOME CO	OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)
0	led h	34	130. 5	TATE 136 CQU	132 CITY OR TOWN 1331 INSIDE CITY LIMITS? 136 STREET ABURESS ZIN CODE
A	in X-fi	2.)	14 5 4	THER'S NAME,	15 MOTHER'S MAIDEN NAME
RY	1 25	£ /	14 FA	THEK S NAME,	MIDDLE LAST
W	D GE	8		VICK	Keed Ida blass
W.	xecut	00		VAS DECEASED EVER IN U.S. A	
O W	a go	peu	()	(IF YES, G	IVE WAR OR DATES]
Ē	be be	l ge			approximate interval per value for (a), (b), and (c) Approximate interval per value for (a), (b), and (c)
BA	cote	ot, t		PART I. DEATH WAS CAUS	
ST.,	a ph	> >	0.4		TECAUSE (0) METASTATIC BREATST CHINCER 2/86
Z	din orb	ofic			DUE TO, OR AS A CONSEQUENCE OF LOTTED PLEURO PULMO NARY (6WES)
STC	deat offen tran,	E	- 1	Conditions, if any, which	(16) PLEURO PULMO NARRY
PRE	a de	1 10		gove rise to immediate	1011011/2/11/2/11
3	# # # # # # # # # # # # # # # # # # #	the the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF
0	ed b	0 70			(10)
S,	900	ury.	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO
RECORD	required s	is	CERTIFICATION		
EC	Drice De	8	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? 700. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ALR	hos hos	SW.	TIF		YES NO YES NO NO
VITA	ysicii cate cate Hygi	8 sh	ER	21a. ACCIDENT WAS UNDERLYING	
	A 4 4 4 5	E		OR CONTRIBUTING CAUSE OF DE	
Z	SIC	Ŧ	70	(IF EITHER, NOTIFY MEDICAL EXAMINE 71d INJURY OCCURRED	P.M. 19 210: PLACE OF INJURY 211 LOCATION
Sio	PHY endin	p	MEDICAL		(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DIVISION OF	or after Se as the	rke		AT WORK AT WORK	
-		E	-34	22a I certify that (1) (this hasp	oital) attended the deceased from
	ATTEN ospital scTOR d for u	21 is	9	sow the deceased alive a	n, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated of) view the body after death.
	R AT Hosp hosp hed feet feet for the feet for the feet feet feet feet feet feet feet	E		27b. SIGNATURE	DEGREE LOT GUSANW, COLETA MI) 171 DATE, SIGNED
	OR he he	F He	,	man.	ATTENDING MEDICAL STAFF 3/24/86
	ITAI Dy t dei dei tote	NA T	,	1 reury	ORPRINI) PHYSICIAN DIRECTOR PHYSICIAN ORPRINI
	HOSPITAL	ATA /	9	22d. PHYSICIAN'S NAME TYPE	OK PRINT) 116. ADDRESS
	- 0 0 0 =	04/			
	0 % O %	3	23a. E	URIAL CREMATION, REMOVA	236 DATE 1 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION
	BP	9	(SPECKY) SIJILIA	13/29/86 Hill Diest Memak ANNADALIS ALA. Mid.
	1 1 2 1 2 1		24 FI	JNERAL DIRECTOR	2111/95 E St. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
1	DHMH - 16 50M 4	/83	1	: HAME VOGCO	C AA WALLEY
4	(VRA 15, 4)		N	MINIMIN DEEDE	450NS, MOrtuary, K.OANNOMIR 03 1986 Junior Bondon
100					

PARTIE OF A STATE OF THE BOARD AND THE AVA 27215 PAREFERMENT CONTROL HORSELES BLEET Burier 3/89/24 Hillyest New Lawysin 6-6 Mes of the Merce for a Martingay is a Country of the

070045	1	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYD	GIENE 8 6	0	6 5	5 5	
10		CEASED NAME	FIRST		WIDDLE		AST		MONTH DA	Y YEAR	26 HOUR	
be be	(TYP)	ORPRINT	adie		Ε.	At	well	March 6	.1986		2AM' "	
may be page 3	3. SE	x		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS	
s aft		female	10	whit	е	Mar	ch 4, 1897	89		NIHS DAYS	HOURS MIN.	
Pog hour		RTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY	YRS. OR COUNTY O	FDEATH	1 . 1 .	
45 32° ° °		arvland	91102	U.S.	Α.	WIDOW	D NEVER MARRIED DIONORCED DI	Anne Aru	indel	Co.	MD.	
e de		TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND O	OF BUSINESS OR	
1 1 5	A	nnapolis	100	Ann	e Arunde	el Ge	neral Hosp.	housewif	e working life!	houstry	sehold	
filled in by	T3a.	AL RESIDENCE (IF NURS STATE Md.	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	/N	13d INSIDE CITY LIMITS?	130.SIREET ADDRESS 5621 Ba	ZIP CODE	Dr.	20737	
tely 2 sh	14. F/	THER'S NAME					15 MOTHER'S MAIDEN NA				10/20	
		unknown	,	MIDDLE	Ford		Affice	MIDDLE		Rog	ers	
and co		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADDR	621 B	attee	Dr	
Page		no	no	WAN ON DATES!	213-20-	5953	William F.	Atwell	Church	hton	Md. 2073	
ote b		18 CAUSE OF DEAT	H (Enter on)	ly one couse pe	r line far (a), (b), an	diciji				BETWEEN	IMATE INTERVAL ONSET AND DEATH	
phy on po		PART I. DEATH W		E CAUSE (o)	cardia	c a	rrist					
ding orbo			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					THE WAR				
deort iten ion,		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (1b) heart failure										
the cemo		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
by by lost		underlying couse		(6)	R AS A CONSEGUI	EIACE OF				- 70		
signed hen ple o burio	Z	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	3	
law rec	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED	
NN: The II hysicion. Itcate hos roansit per Hygiene Hygiene	RTIE				<u>_</u> _			YES NO	YES		NO 🗆	
SICIAN: TI ng physica certificate certificate ental Hygi ifem 18 sh		210. ACCIDENT WAS UND		216. TIME C	OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I OR PART 2)		
ryskia ding ph s certifi buriol-tr Mental	CA	(IF EITHER NOTIFY MEDIC	ALEXAMINER)		M.	19						
PHY trending the burner ond M	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY	ARM ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE	
DING PHY or after this After this e os the bu olth and M marked or	<	AT WORK AT WOR	ILE .									
NO I O I O I O I O I O I O I O I O I O I		220.1 certify that (1)			e deceased from_			, to			that (I) (we) lost	
ppto CTO For of the coff to co		sow the decease above, (1) (we) (d	d olive on . lid) (did not	view the body	ofter death.	, or	d that in (my) (our) opinion	death occurred on the d	ate and hour a	nd from the c	couses stated	
OR A birthed boots of them		27b. SIGNATURE					DEGREE	,		22c DATES	SIGNED	
AL O AL D AL D Setoco arte D Tr. IF		Qu	i F	Buchen			PHYSICIAN [MEDICAL STA	FF IAN [3-1	-81,	
HOSPITAL med by the FUNERAL uld be det on the Store		22d. PHYSICIANS NA	ME TYPE OF	PRINT			22e ADDRESS			1-0-1	2070	
		TI	lic	Buche	540 m	D	4131 Sh	edu Code a	21 0	,	CM. MD	
Of of sty A		URIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREMATORY	226 LOCATION	951	redy	Dial lind	
BP	(Cremat	tion	3-7-8				CITY OR TOWN		COUNTY	STATE	
		INERAL DIRECTOR		1-,/	1 /		view Cremat	ory Balt e rec'o. by registrar	25b. REGISTRA	R'S SIGNATI	Md.	
DHMH - 16 60M 7/84	На	rdestv Fi	lenra	1 Hom	ADDRESS 4	RIC	gely Ave.	MAD THE WALL		Azre Para		



1000

CERTIFICATE # 86-06556



when the restrict the same of the same of

Miles of a color of the conduct of t

A CAL DEL BOOK PERSON DEL PROPERSON DE LA CONTRACTOR DE L

the comment-courses, done record

X. Hills Clorendered (24121)

THE LETTER SIRE

Royally Lateral Roses Canadan Co.

. Ball 3 P. 2660 Clar

11778800 The Debourt souls - I it all best water THE TAL ENGLISHED SELLEN IN THE PARTY BY THE PROPERTY AS PHENNING E TO MAKE A PRINCIPINA Limit Arroll on the little of Laroll March Ser A) interities a segment through the series of the Constitution of the first that the second of the second of

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

238 BURIAL, CREMATION, REMOVAL 236. DATE

(SPECIFY)

Singleton Funeral Home Gien Burnie, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SLATE

Md.

DAY YEAR 26 HOUR 27, 1986 DAYS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY

(TYPE OF WORK FOR MOST OF WORKING LIFE) NA 13e STREET ADDRESS / ZIP CODE

7903 OUTING AVE.

LAMLEY 7864 Outing Ave.

Pasadena, Md. 21122 APPROXIMATE INTERVAL

20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

STATE

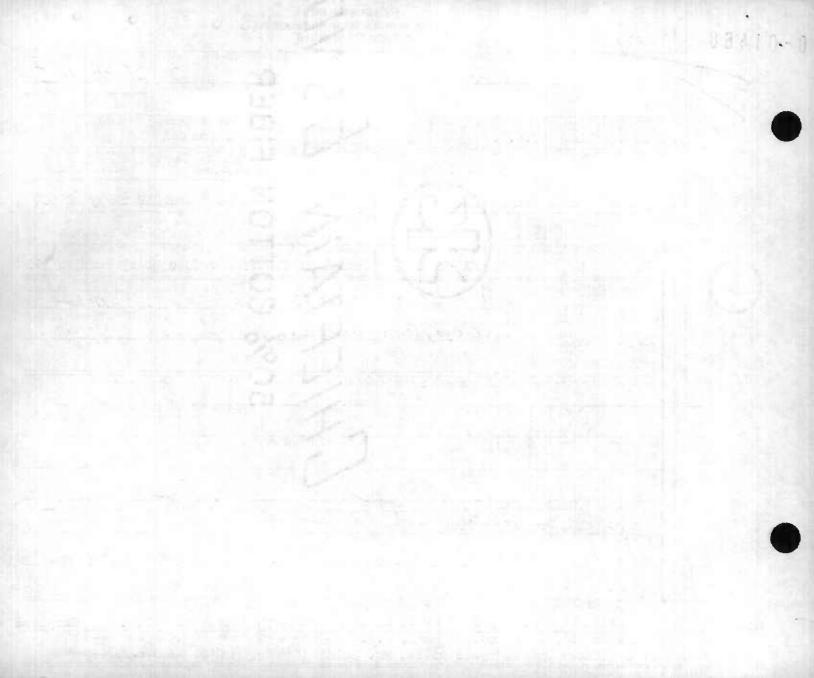
and that in (my) (our) opinian death accurred an the date and have and from the couses stated

22c DATE SIGNED March 27,1986

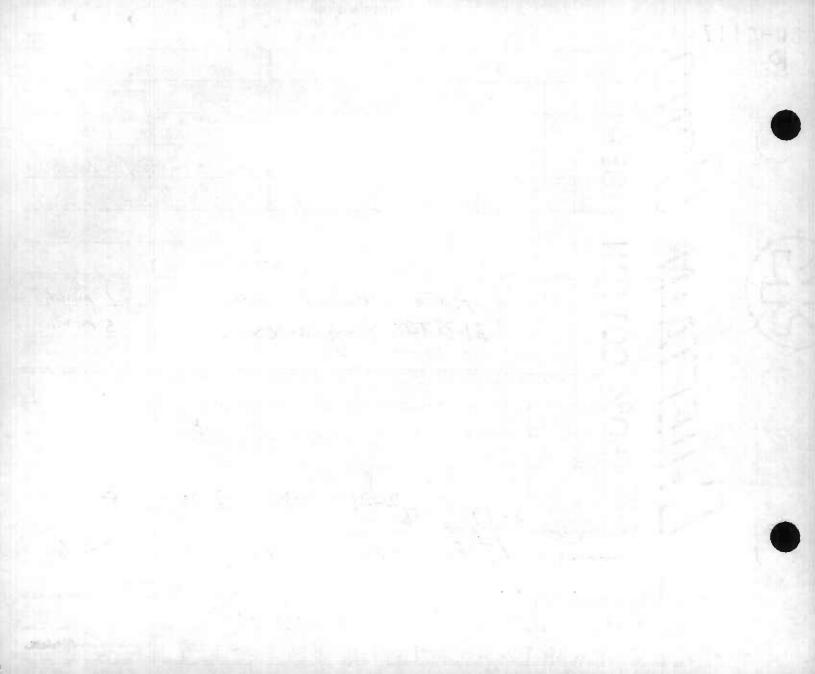
23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Mar. 28, 1986 | Security Process, Inc.

Catonsville Balto. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

01468	1	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 6	0	6 5 (5 0
		CEATER/NAME	1851	,	MIDDLE	l	AST	20. DATE OF DEATH		AY YEAR 2	6 HOUR/5
8	1		Pearl		E.	-	atman		0 2	186	11 1 M
å ·	37, 38	×		4 RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)		HOURS MIN.
96 4		emale		White		Nove	mber°1, 1909	76	YRS.		
eoth. Po	11	orth Carol:		U.S.A.	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Anne Aru		OF DEATH	MD.
s offer d	4	nnapolis	TH.	11. NAME OF I	HOSPITAL, NURSI HEACILITY, GIVE STREE Lis Conva	NG HOME OF ADDRESS)	nt Center	170 USUAL OCCUP. (TYPE OF WORK FOR ACT HOUSEWIFE	ATION ST OF WORKING LIFE!	Own H	ome
24 hour	136.	AI RESIDENCE IN NUM STATE aryland	113b. COUN		134 CITY OR TO	WN	13d. INSIDE CITY LIMITS?	104 Bear	S ZIP CODE Creek P	arkway	21037
12 17	4.7	ATHER'S NAME				TO X	15. MOTHER'S MAIDEN NA				
p 11/12	A)	James		Mark	Edwar	rds	Martha	Anna		Edwa	rds
1 1 1		WAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADI	DRESS		
		NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	577-09-1	1527	Judith B. Go	etzinger (Daughte	r) Same	as #13
To the second se		18 CAUSE OF DEAT PART I. DEATH W		nly ane cause per D BY TE CAUSE (a)	line far tai, this a	The The	Heart fai	lure		100	ATE INTERVAL ISET AND DEATH
the death the death the death the attendence the transition of the		Canditions, if any, gave rise to improve (a), statin underlying cause	nediate ig the last.	(b) \(\bullet \) DUE TO, OI (c) \(\bullet \)	RAS A CONSEOU	JENCE OF	inal Puln	MINAL DISEASE OR CO	Jema ONDITION GIVE	Yea	us.
e las requir hos been sig parent Then not prior to b	THICATION	19a DATE OF OPERA	NOIT	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH?
58 11717	7 8	2 to ACCIDENT WAS UND		110110 4		NE LO	21c. HOW INJURY OCCUR				
34 441 14	/ 3	OR CONTRIBUTING				DAY YEAR					
otherding other this co to in the law to and Me-	MEDIC	21d INJURY OCCUR	RED	71e PLACE			211. LOCATION	O CITY OF	RTOWN	COUNTY	STATE
WTENDR pitol or CTOR. At file over o of Health	1	220 certify that (1) aw the decease abave, (47 (we) (ed alive an	2/7/	86 19		od that in (my) (our) opinian	death accurred an the	e date and haur		at (II (we) last iuses stated
y the ho yy the ho skal DIRE detached tone Dept		SIGNATURE	Va	Kon	w M	0	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [3/24	GNED 186
O HOSPIT Frainfed by TO FUNER THOUSE DE-		PETER	F.	VERK	'ouw		1833 Torse	t Brive,	Annap	solis hi	12140=
	230	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION CHY OR TOWN		COUNTY	STATE
BP	-	Burial	-11	3/24/			ncoln Cemeter	-			Maryland
DHMH - 16 60M 7/84	_	THINCE ISC Gas			ADDRESS	-		TE REC'D. BY REGISTR	1 1 1		
(VRA 15, 4)	1	739 Baltim	ore A	venue H	yattsvil	ie, Mo	20/81	11 4 0 1866	fruna de	underen Hon	Section's



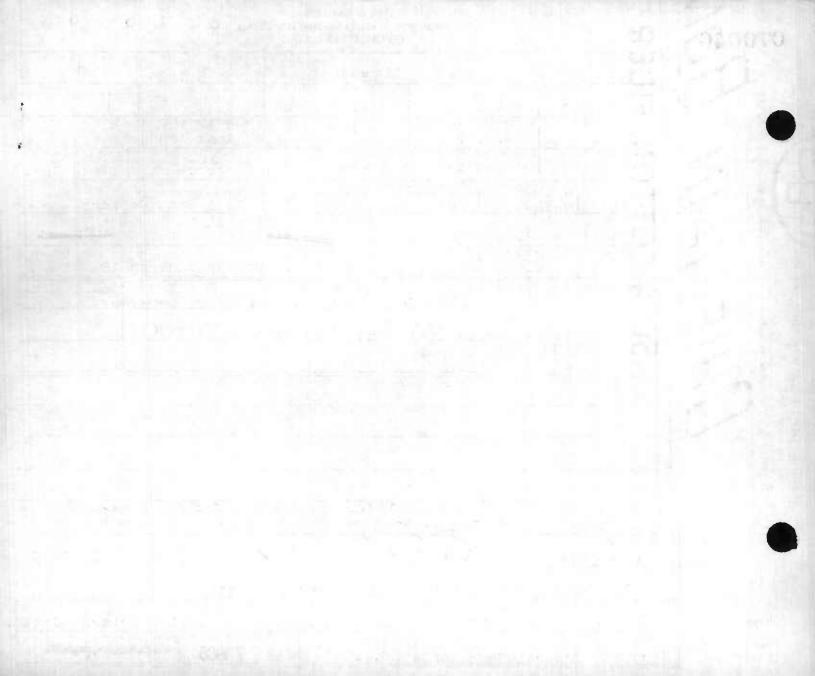
00-01174	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARY HEALTH AND FICATE OF	MENTAL HY	GIENE 💍	O REG. NO	0 6	ن ئ	6 I EST
10		EASED NAME	FIR51		MIDDLE	1000	LAST		20. DATE	OF DEATH N	AONTH DAY	YEAR	26 HOUR
deorh 3	{ I TPE	OR PRINT) CARI		NM	N	BOI	LING	5	3	MARCH	20	1986	0950 AN
moy ter d	3. SE>			4. RACE		S. DATE	OF BIRTH	WE AD	6 AGE (I	N YEARS LAST BIRTH	(YAC)	UNDER I YEAR	IF UNDER 24 HRS
rs of		Male		Whi	te	Ĵu	ly 30,	1922	6	3	YRS		
Poor Hour		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8	ED X NEVER	MARRIED -	9 BALTIN	ORE CITY OR			
da Care		entucky		US		WIDOW	ED [DIVORCED [ANNE A	RUNDE	COUN	TY MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		GLEN BURI	NIE	(IE NOTOHER	THY ARU	URSING HOME	OR OTHER IN	STITUTION	(TYPE OF W	COCCUPATION OF THE CONTROL OF THE CO		INDUSTRY.	pment
Alled in	13a. S	L RESIDENCE (IF NURS TATE aryland	13b COUN	11A	134 CITY OR Hanov			CITY LIMITS?	13e STREE	S Afte	zip code on Cou	rt	21076
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	14 FA	THER'S NAME	-	WIDDLE	LAS	1	15 MOTHE	R'S MAIDEN NA	AME	WIDDLE		LAS	
The state of the s		Wayne		ight	_	ling	Sa	ally		MODIL		Magg	ard
dicol de la		AS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM	AANT		ADDRES	S		
Pog . Pog		No	(# 123, 60	e war on bares,	405-1	0-6746	Lucy	y F. Box	wling,	Same a	as 13_		
A CONTRACTOR		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly ane couse pe D BY: 'E CAUSE (a)	er line for (a), (Ja K	Penal	Fai	Qure		15	,	MATE INTERVAL DNSET AND DEATH
S S S S S S S S S S S S S S S S S S S		`	MARCOIA	DUE TO. C	OR AS A CON	SEQUENCE OF	1					4	211
ESTON	bd)	Conditions, if any,		(ib)_	MelA	MACC	uno	Cane	er			5 /	wh
W. PR by the by the osserem c. cremo		gave rise to imm couse (a), statin underlying couse	ig the	DUE TO, C	OR AS A CON	SEQUENCE OF	0						
to buria	NO	PART 2 OTHER SIGN	NIFICANT (CONDITIONS	ONTRIBUTING	G TO DEATH BU	T NOT RELATI	ED TO THE TER/	MINAL DISE.	ase or cond	ITION GIVE	V IN PART 11	z
DIVISION OF VITAL RECORDS ING PHYSICIAN: The low requirentending physicion. When this certificate has been signs the buriol-transit permit. The lith and Mental Hygiene prior to lacked or item 18 shows any injury orked or item 18 shows any injury.	CERTIFICATION	190 DATE OF OPERA	TIÓN	196 CONE	DITION FOR W	HICH OPERATE	ON WAS PERF	FORMED	200 AU	NOPSY?	206, IF YES, VIN CERTIFYI YES	WERE FINDING CAUSES	OF DEATH?
VITA N: Th ysicing cofe onsit Hyging 8 sh	CER	210. ACCIDENT WAS UND	The same of the sa		OF INJURY	DAY VEAT	21c HOW	INJURY OCCUP	RRED (ENTER	NATURE OF INJURY	IN ITEM 18 PAR	T (OR PART 2)	
SION OF VII. PHYSICIAN: 1 this certificate the buriol-trons of Memial High d of Item 18 sign	AL	OR CONTRIBUTING			r.m. MONTE P.M.	DAY YEAR							
PHYS ending this of the bur dor the	MEDICAL	21d INJURY OCCUR	RED		OF INJURY	OFFICE FARM ETC)	211 LOCAT	TION		CITY OR TOW	/N	COUNTY	STATE
DIVISI ING P ING P After the os the ith one	Σ	AT WORK AT WO	RK R	(ATTOME SI	TREET, TACTORT, C	THE TARM CICY	21	0	,	7 2.		0/	
ADIN S. Al		220 1 certify that (1)			he deceased I		-21		10	3-20	, 19		that (I) (we) last
VITE Spito Spito of the of the spito of the		saw the decease abave, (1) (we) (e	ed alive on	t) view the body	y after death.	19 06	and that in (m	y) (aur) apinion	death accu	rred on the dat	te and haur o	ind fram the	couses stated
OR e hos	177	22b. SIGNATURE	9	4	1		DEGREE	ATTEMPING	MEDICA	CTAF		22c. DATE	SIGNED
ZAL D		-	-sy	2/	n		M.D.			R PHYSICI		3/21	2/86
HOSPIT ined by FUNER buld be o		22d. PHYSICIAN'S NA					22e ADDR	ESS 7	845 0	AKWOOD	RD SUI	TE 20.	5
TO HOSPITAL retoined by th TO FUNERAL should be deto with the State IMPORTANT: II		LANG S								MARYLA	ND 210)61	
7 5 7 8 7		URIAL, CREMATION,	REMOVAL			23t NAME OF				CATION ITY OR TOWN		COUNTY	NAE
BP	$\overline{}$	Burial		March	24,86	Sharon	Churc	h Cemet	ery Su	ipply			NC
DHMH - 16 60M 7/B4	24 FU	INERAL DIRECTOR			ADD	PRESS .	D	250 DA	MARO	4 1006		AR'S SIGNAT	
(VRA 15, 4)		James S	. Kir	Kley,	alen Bu	irnie, M	U			- 1000	11		



Film G618 item 15

070046	1.	FOR 8/19/80 STATE REGISTRAR	6 rja	DEPARTA		CATE OF DEATH	REG. NO.	0 0.		
		CEASED NAME	FIR5T	MIDDLE	L	ist	20 DATE OF DEATH MO	ONTH DAY	YEAR 26 I	HOUR
poge 3	(TABE	OR PRINT)	lice	Rose		Bradlev	March 5.19	86		M
on od	3. SE.	(4	RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHD	AY) IF UND	DATS HOL	INDER 24 HRS
ge 4	1	femal	e	white	NO	v. 27,1920	65	YRS	DATS NO	MIN.
o 0 1	7a. B	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH	
40 St. 40		Conn.		U.S.A.	WIDOWE		Anne Ar	undel		MD.
2 11		TY OR TOWN OF DEAT	H 1	NAME OF HOSPITAL, NURSIN	G HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF BU	SINESS OR
景録を	2	Annapoli	s	Anne Arunde	1 Ge	neral Hosp.	sec.	J.	Title	Ins.
24 hours	USU 13a	AL RESIDENCE (IF NURSINGTATE	G HOME OR OI	HER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE	9496	194
127		Calif.	Tula			YES NO X	3241 Eas		légé	1/
1 11/1	14. F/	THER'S NAME		DDLE LAST		15 MOTHER'S MAIDEN NA	ME	1 1 1 1 1	LAST	
or of the state of	0	Leonard		R. Hall		Maryjan	e Mary Jane Mc	Cleod	McC1	oud-
NA PA		VAS DECEASED EVER II	U.S. ARMI		RITY NO.	17 INFORMANT	ADDRESS		DPG-1	270
- B		no	no	= = = = = = = = = = = = = = = = = = = =	2550	Jack F. B	radley sam		13	
physici poper novol.		18 CAUSE OF DEATH PART I, DEATH WA	Enter only	one couse per line for tolab, one	licil	111	1 2		APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
g ph on p			MMEDIATE		eral	Lowerto	pe Kneu	monis	1	
death certificate ottending physici nove carbon poper transon, or removal, roumotic event, the		POWER TO SEE		DUE TO, OR AS A CONSEQUE	NCE OF	0	à + Shoo	1		
ded nove otror		Conditions, if ony, gave rise to imme	which	(b) M/190	_>4	Shr Com	a 4 21100	1.		
hos the by the ase rer f, crem other		cause (a), stating underlying cause	the	DUE TO, OR AS A CONSEQUE	NCEOF			000		
P 9 9 9		DARI 2 OTHER SIGNI	IEICANIT CO	(C)	EATH BUT	NOT BELATED TO THE TERM	UNIAL DISEASE OR CONDIT	ION CRIENTAL	DADI I	-
signe Then p to bu	NO	PART 2. OTHER SIGNI	IFICANT CO	NOTIONS CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN	PARI IIO	
low re s beer ermit.	CERTIFICATION	19a DATE OF OPERATI	ON	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED		Ob. IF YES, WER		
he lo los in he	TIE						YES NO	N CERTIFYING		IO [
hysicie ficote fronsit I Hygin	N.	210. ACCIDENT WAS UNDE		216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IF	NITEM IS PART I O	RPART 2)	
SICIA ng ph certifi riol-tr	CAL	(IF EITHER NOTIEY MEDICA		P.M.	19			11. 11. 12		
OR ATTENDING PHYSICIAN: The e hospital or ottending physicion DIRECTOR. After this certificate hached for use as the burial-transit poept, of Health and Mental Hygiens Them 21 is marked or them 18 shown them 21 is marked or them 18 shown	MEDICAL	21d INJURY OCCURRE		21e PLACE OF INJURY (AT HOME STREET, EACTORY, OFFICE, F)	RM ETC)	211 LOCATION STREET	CITY OR TOWN	C	OUNTY	STATE
NG P After the os the orked orked	1	AT WORK AT WORK								
SR A Heol				ottended the deceosed from	3/3	19 84				(I) (we) lost
ATTE SSpring SCTO d for m 21			d) (did not)	view the body after death		d that in (my) (our) apinion	deoth occurred on the dote			
OR bop of the		22b. SIGNATURE	in 16	M. March	0	DEGREE ATTENDING .	MEDICAL STAFF		2c DATE SIGN	
AT A SECTION		228. PHYSICIAN'S NA	ME TYPE OF F	PIN(T)	2	PHYSICIAN 2	MEDICAL STAFF DIRECTOR PHYSICIAL	N	3-05	-86
ST 754 K			- ,							
01 01	-			Road Severna			21146			
99949	230	BURIAL, CREMATION, R	EMOVAL			EMETERY OR CREMATORY	CITY OR TOWN	io Tul	NIA	Calif
1 /01/1/	24 F	Burial UNERAL DIRECTOR				lia Cemeter	V ISAL E REC'D. BY REGISTRAR 256	ia Tul		Call
DHMH 16 60M 7/84 (VRA 15, 4)		ardesty F	110000	1200mRi	dgel	y Ave. MAR		in Partie		此
(400 13, 4)	11	aruesty r	unera	at nome will.	riu.	21401 MAIN	1 1000			3

STATE OF MARYLAND



(VRA 15, 4)

March Previous Branches S Description TE TO SEE THE SECTION OF THE SECTION The second secon The second secon and the second s The state of the s

• \ \ () | [)

CERTIFICATE # 86-06564



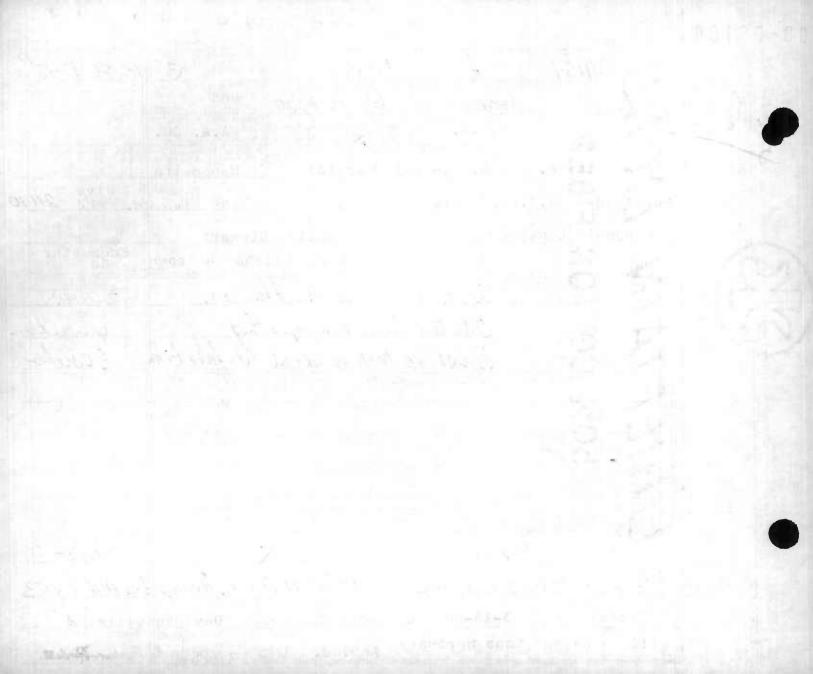
097	1-	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	7
		CEASED NAME FIRST	MIDDLE	D		h HOUF
	1 100	Hilda	Beatrice	Brent Is DATE OF BIRTH	3-11-86 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR III	F UNGER 2
X		Female	A RACE Black	MONTH 2 DAY 28 YEAR 2		HOURS
18		RTHPLACE (STATE OR FOREIGN	U, S, A,	8 MARRIED XVEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH	
54	G.	ty or town of DEATH len Burnie	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARU	NG HOME OR OTHER INSTITUTION ADDRESS) I Ge I	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE (TYPE OF WORK FOR MOST OF WORKING LIFE)	BUSINE
35	USU, 130 S	MD,	PROTHER INSTITUTION GIVE RESIDENCE BEFOR	urnie yes Q NO	13e STREET ADDRESS / ZIP CODE 7804 S. Hampton	Dr,
) Z) I4 FA	James Saun	ders	is mother's maiden na Beatr	cice Rogers	
e medicol		VAS DECEASED EVER IN U.S. A (15 YES OF UNKNOWN) (15 YES G	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 220-56		7804 S, Hampton	210
0						
or other tro	N.	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ence of	MIN AL DISEASE OR CONDITION GIVEN IN PART 110	
ene prior to burioi, crem ows any injury, or other	TIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ence of	200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USE F DEA'
Item 18 shows any injury, ar ather	CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI CIEFETHER NOTIFY MEDICAL EXAMIN	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 19b TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19	200 AUTOPSY? 206 IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEA
or Item 18 shows any injury, ar other	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DI	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 17b TIME OF INJURY HOUR A.M. MONTH D	ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION	200 AUTOPSY? 206 IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEA
Item 18 shaws any injury, ar ather		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIG. (IF ETHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED AT WORK NOTE OF DIG. ACCIDENT WAS UNDERLYING TO A CONTRIBUTING TO A	(b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 19b CONDI	ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED AY YEAR 19 211. HOW INJURY OCCUP FARM EIC) 211. LOCATION STREET	200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES O YES YES THE PROPERTY OF PARTY OF PARTY OF PARTY.	NO [

DHMH - 16 60M 7/84 (VRA 15, 4)

Wirdiam Reese & Sons Monrouary
821 West Street Annapolis, Md

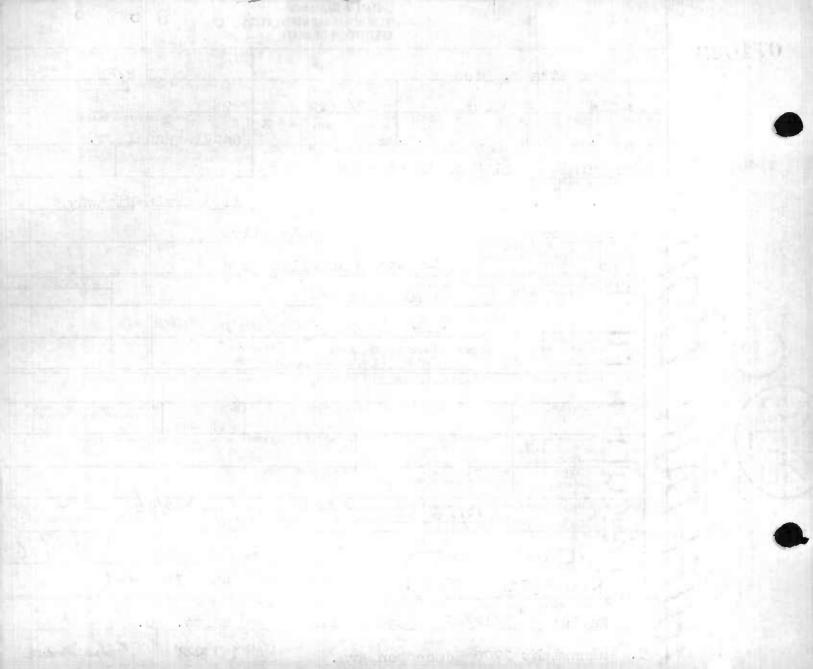
250 DATE REC'D. BY REGISTRAR'S SIGNATURE
MAR 1 3 1986 Saka Saurdson Andales.

And the late of the second

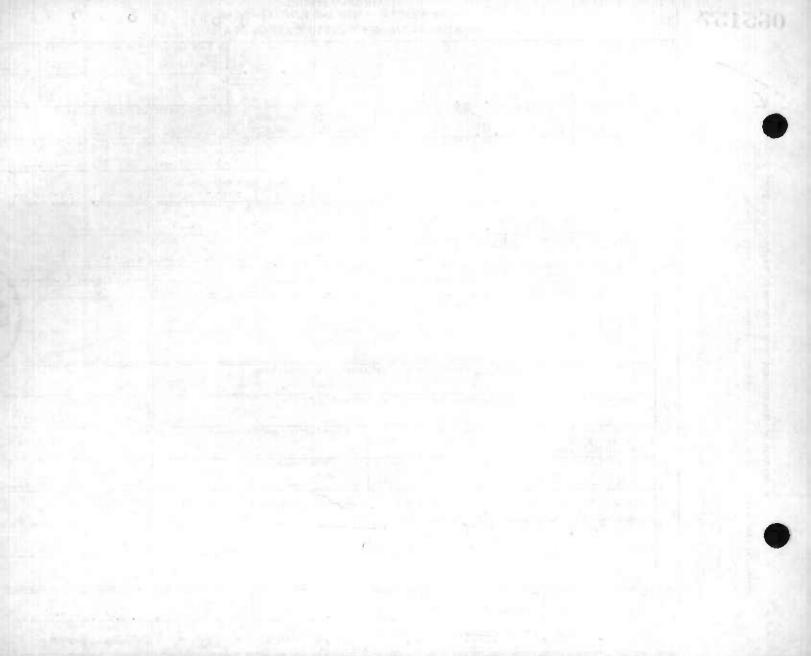


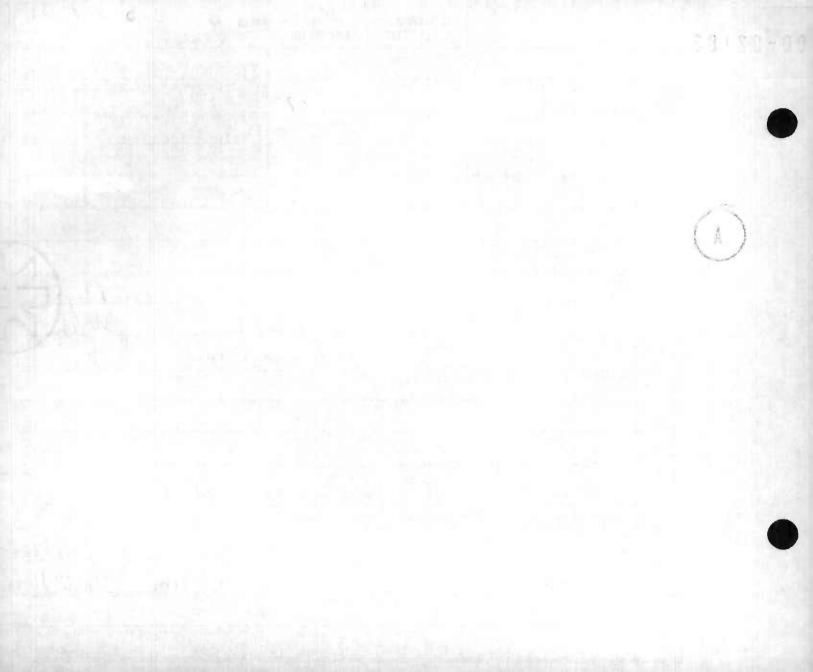
054.000	FOR STATE REGISTRAR		DEPART		TH AND MENTAL HYG TE OF DEATH	REG. N	0.	0
071029	I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
nay be poge 3 ir deoth		tta B. Bro	noks			The state of	3/8/86	
e do	3. SEX	4 RACE		5. DATE OF BIR		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	ER 1 YEAR IF UNDER 24 HRS
ae 4	Female	Black	7	12/3	/TO YEAR	75	YRS.	DAYS HOURS MIN
Poor Poor	To. BIRTHPLACE (STATE OR FOR		WHAT COUNTRY?	8	VIEWS WARRING IX	9. BALTIMORE CITY		ATH
4 55	Md.		II.S	WIDOWED	NEVER MARRIED A	Anne Aru	ndel Co) - MI
2 2 X	10. CITY OR TOWN OF DEAT		HOSPITAL, NURSI	NG HOME OR OT	HER INSTITUTION	12a USUAL OCCUPAT	ION 12b.	KIND OF BUSINESS OR
by the	Glen Burni		crain l	Highway		(TYPE OF WORK FOR MOST C	IF WORKING LIFE) IND	DUSTRY
2122	USUAL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION,		RE ADMISSION)	INSIDE CITY LIMITS?	13e. STREET ADDRESS		2111 8
ND 22 H	Md.	A.A.	13t. CITY OK TOV	100	S NO X	1108 Cra	in High	iwav 6
RYLA Within	14 FATHER'S NAME	MIDDLE	LAST	15. A	AOTHER'S MAIDEN NA	ME		
AAR PORTER		ooks	LASI			.iver		LAST
RE, lecute ecute es 1 col	160. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16h SOCIAL SECU		NFORMANT	ADDRI	SS	
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours systian and completely filled in b apers. Pages 1 and 2 sharid be fill wol. it, the medical examiner coult be n	no no	IF YES, GIVE WAR OR DATES)	216-03-	-738d A	ngeline F	ford		
ALTI	IS CAUSE OF DEATH	(Enter only one couse per S CAUSED BY:	line foc (a), (b), for	nd (c))	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
; # dare		S CAUSED BY: MMEDIATE CAUSE (0)	Cardi	ac ar	1681.			
ding or bor or rer			AS A CONSEQUE	ENCE OF	11/6	1010-		
ore con ion,	Conditions, if ony,	which ((b)	RASACONSEQU	ac anti	it due to the	mylordos	6	
the certification	gove rise to imme	diote	R AS A CONSEQU	2-	1) The hec	int-	1 - 2 1 - 1 -	
by by lost	underlying couse	lost.	Mu	The second second	Myelow	e		
gned in plec	PART 2 OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART I(o)
NG PHYSICIAN: The low require attending physicion. Iter this certificate has been signed the build-transit permit. Then post the build-transit permit. Then put had Mental Hygiene prior to burnarded on them 18 shows any injury, or but had been seen as the burnard when the burnar	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER							
low re	5 190 DATE OF OPERATE	DN 196. CONDI	TION FOR WHICH	OPERATION WA	AS PERFORMED	20a. AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
TALR The k cion. re has sit per giene	RTIF					YES NO	YES 🗌	NO 🗆
ON OF VITAL R IYSICIAN: The la ding physicion. s certificate has burial-transit pe Mental Hygiene in-them Backows		LI HOUR A		AY YEAR 216.	HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR	PART 2)
SICIA ng p central frem	(IF EITHER, NOTIFY MEDICAL	EXAMINER) P.A		19				
PHY: tends: the bund M	214. INJURY OCCURRE	LAT HOME STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	LOCATION STREET	CITY OR TOV	WN COL	JNTY STATE
DIVI offer 1 os th on orked	AT WORK AT WORK	, L	,	William I		1-	101	
Z S S S S S S S S S S S S S S S S S S S		his hospital) attended the			9 85. 19	to 3/3	106.19_	, that (I) (we) lost
Spite CTO I for	sow the deceased obove, (I) (we did	olive on 5 3	diter death.	, and tho	t in (my) (our) opinion o	death occurred on the de	ote and hour and fr	rom the couses stated
OR A e hos ched sched Dept.	226. SIGNATURE	1)		DEGR				C. DATE SIGNED
SPITAL Cd by the NERAL D be detected of State D TANT. If	10	ulle 2	9	- 19	PHYSICIAN C	MEDICAL STAL	IAN [3/10/86
HOSPII inned by FUNER wid be to the Sti	224 PHYSICIAN'S MAN		1	22e	ADDRESS COST	2 OMA H	ab. lak	/
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store MAPORTART.	Kou	BEN	7171	/	Church 4 20	ford in	man	-
o e o de y ₹	230 BURIAL, CREMATION, RE	EMOVAL 23b. DATE	23c 1	NAME OF CEMET	ERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	Buria	1 3/12/	186	Cedar H	ill	Balto.	Md.	STATE
DHMH-16 60M 1/73	24 FUNERAL DIRECTOR		ADDRESS			REC'D. BY REGISTRAR	256 REGISTRAR'S	
(VR A 15 (4))		ight 2700		70% A===	MAI	R 1 0 1000	Silla Saind	and Brokes

STATE OF MARYLAND

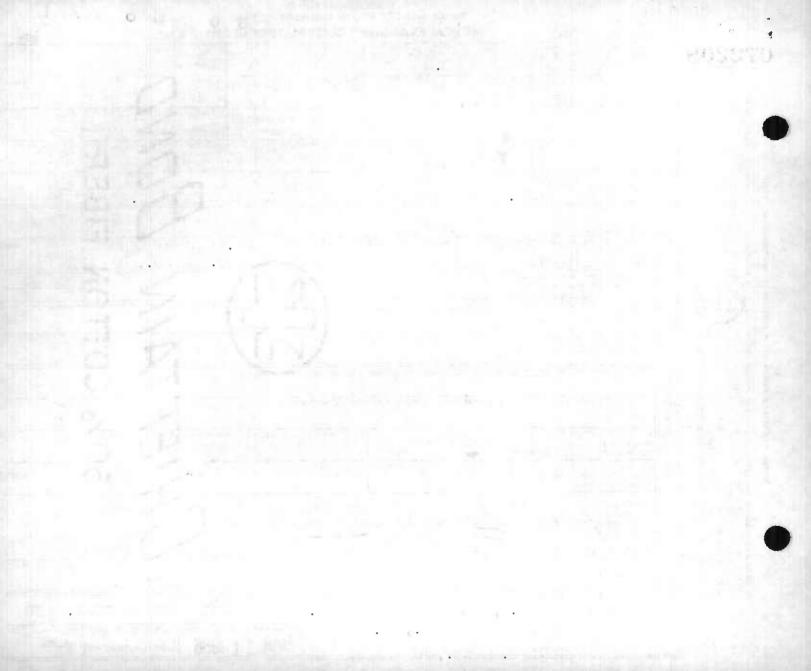


00-1-W	1	FOR			DED ADTMENT		MARYLAND		ie:	0 4	Evg.	6 9		
065157	1-	STATE REGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
	1. DE	CEASED NAME	REG. P								MONTH DAT	Y YEAR 75 HOUR		
Walter		PE OR PRINT)	Arthu		Ε.		Bucklew		OF E	STI-				
6 3255	3. SE	X 14	RACE RACE	5. DATE OF BIRTH				Jr. UNDER 24 HRS.	2c. DATE		3-3	19 86 A		
TONE STATE				MONTH DAY	YEAR LAST	BIRTHDAY) MON		HOURS MIN.	PRONOUNCE	D		11.00		
(O30000)		Male V	White	Oct.31	, 43 4	2 YRS.			9 BALTIMO	E CITY OR	3-3	19 86 a. M		
の事のを見りた	FC	DREIGN COUNTRY)			TIAI COUNTRY?		RIED XXNEVE			_				
25 S		Marylar ITY OR TOWN OF		U.S.	SPITAL, NURSING	WIDO'		DIVORCED			el Cou	nty, MD (IND OF BUSINESS		
STATES S	P		. /	(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADI	RESS)		FOR	MOST OF WORKIN	G LIFE)	WORK IIZU	OR INDUSTRY		
Borns +		AL RESIDENCE (IE		North	Arundel		#T	di	shwash	er	Re	staurant		
19558	13a. S	TATE	130 COUNT		13c. CITY OR TO	WN	138. INSIDE CITY		REET ADDRESS					
1 1 2 x 8 8 2	1	MD	P		Baltin	ore	1 00			mtre	e St.	(21225)		
# - # - # - # - # - # - # - # - # - # -	17	ATHER'S NAME FIRST	2 1 1-	MIDDLE	LAST		15. MOTHER'	S MAIDEN NAM	E MIDD	LE		LAST		
8 88 38	140.3	WAS DECEASED E	Arth		Buckley		17. INFORMA	Lula	May	ADDRESS	Gros	S		
A SECTION OF	100	res, no, or unknown	(IF YES, GIVE W	VAR OR DATES)										
A SPERS	1	No			218-42		Helen	M. Buck	lew - s	ame as				
ST		PART I DEAT	DEATH (Enter only H WAS CAUSED	y ane cause per line BY:			Q1 I			-31	BE	APPROXIMATE INTERVAL		
Service Servic		1000	IMMEDIATI	C O O E (a)	as a conseque		Cnest	(uns	pecifie	ea)				
SWO NAME OF THE PARTY OF THE PA		Canditians.	if any, which	DUE TO, OR	AS A CONSEQUE	NCE OF								
A SEA	1	gave rise	to immediate	(b)	45.4.504/550/15									
E BASANA		lying cause		DUE TO, OR	AS A CONSEQUE	NCE OF								
A CANADA		PART 1 DINES CICNII	ILLANT CONDITIONS C	(c)	BUT NOT BOLLEGO TO 1									
ECORDS, 1 BE EXECU- NDING" I WEDICAL E AS A BURIL AS A BURIL	Z	TAKE Z OTHER SIGNI	ICANT CONDITIONS C	UNIKIBULING TU ULATA	BOT NOT KEERIED TO JE	TE TEKMINAL DISEA	SE OR CONDITION G	IVEN IN PART 1 (a),						
NAME OF THE PROPERTY OF THE PR	CERTIFICATION	190 DATE OF OF	PERATION	19b. CONDI	TION FOR WHICH	OPERATION V	WAS PERFORMI	ED?			20	AUTOPSY?		
₹ 58 <u>23</u> 29	E											YESXX NO []		
OB TENE	1 8	21a EXTERNAL		21b. TIME OF	F INJURY	YEAR 21c. F	OW INJURY O	CCURRED (ENTER	NATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2)			
N SHOOM	1	UNDERLYING CONTRIBUTING	CAUSE OF D	EATH night			ubject v	was shot						
DIVISION S CENTING THE RDED TO SE 3 SHOULE E DEPARTI	MEDICAL	21d. INJURY OCC		21e PLACE	OF INJURY (AT HO	ME, 211 LC	CATION							
ARE ATE	5	AT WORK XX	T WORK		urant	69	905 Rito	chie Hig	hway,G]	len Bu	rnie, A	nne Arun-		
DIVISION OF VITAL REC AINER: THIS CENTIFICATE SHOULD B FICATE, WRITING THE WORD THE RE FORWARDED TO THE CHIEF WE FORWARDED TO THE CHIEF WE FORWARDED TO THE WELL OF THE UAND, 21201 PRIOR TO BURIAL CO		22a. I certify t	hat I taak charae	of the remains des	cribed above held	an Autas	psy XX	nspection .	Inquiry	del	CO.	Md.		
EXAMINES CERTIFICA ULD BE FO DIRECTOR , WITH THE		death resulted	1	al causes	Acident .	Suicide]. Homicide		termined mann		i my apiman			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		A	100	+ nZ7	M	71	TITLE (SPE		icinine in incini					
ICAL EXA SHOULD ERAL DIRE EATH, WILL		ACTUAL SIGNATURE	Illu	LAND	very 11,	114)	ARSis	Lank	CAL EXAMIN	ED	DATE SIGNED	3-3-86		
NE STEET	W	EVALULIEN'S NIA	AAF	0 -	1							03.003		
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)	Denn	is F. Smy	th, M.D.		ADDRESS	lll Penn		Balto.	, Md.	21201		
DX 4 D 4 4	23a.B	URIAL, CREMATIO					OR CREMATORY	Y 23d LC	OCATION		COUNTY	STATE		
07/84 BP		Burial		3-7-86	Glen I	laven M	em. Par	k Gle	en Burn	ie, A.	A.Co.	.Maryland		
DHMH - 17	G.	eotge J.	Gonce 4	001 Ritt	hie Pr I	lal+imo	250	DATE REC'D. B	Y REGISTRAR	256 REGISTR	RAR'S SIGNA	TURE		
(VR A15 ME (5))			301.00/1		19.,1		225)	MAR 4	1986	was die	vidoon-V	proper		
						TELL								





Section	1.	FOR	-22a 3/23	1/86 mtb	P#61	STA	TE OF A	AND ME	ID ENTALH	YGIENE	14	a	6	5	7	
3	1-	STATE REGISTRAR		MI		EXAMIN				1.7	-	REG. N	10			
COCCEC		CEASED NAME	FIRST		WIDDLE			LAST		2	a. DATE	KNOWN (MONTH	H DAY	YEAR	26 HOUR
67.2.200	(14)	PE OR PRINT)	Edward		В.		121	rstei	n		OF DEATH	MATED [3	5	19 86	
PLEA ECTO TREE	3 SE	X 4		5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 2c. DATE								MONTH	DAY	YEAR	2d. HOUI	
SARY, PLEASE AL DIRECTOR YOUR FILES IN 72 HOURS	M	ALE	WHITE	MAY 24		56 YE	MONTH	DAYS	HOURS	MIN. P	RONOUN		3	5	19 86	12:1
SSA SSA RAL HIN ESTO	7a B	RTHPLACE (STA		76 CITIZEN OF V	VHAT COUN		8 MADD	ED X NEV	/FD AA ADDIE	D 7	BALTIM	ORE CITY	OR COUP	VITY OF I		1 10 11
S NEGESSARY, PLEASE FUNERAL DIRECTOR FOUR YOUR FILES, D, WITHIN 72 HOURS W PRESTON STREET		EW YORK		USA	(- 110	WIDOW		DIVORCE	-	Anne	Arur	ndel	Coun	ity,	WE
OFFE OFFE	10. C	ITY OR TOWN O	F DEATH	11 NAME OF HO			, OR OTH	ER INSTITUT	TION	12a. USU		PATION (TY		126 Kil		JSINESS
IF ANY DELAY IS NI AND 3 TO THE FU SHOULD BE FILED. V RECORDS, 201 W.		Glen Burn		North	Arund	el Hos	pita:	L			NEER					HOUSE
SOR DELO	13a. S	AL RESIDENCE (1)	FIN NURSING HOME OR	OTHER INSTITUTION, O	GIVE RESIDENCE	OR TOWN	(NC	138 INSIDE CIT	TY LIMITS?	13e STREI	ET ADDRE	SS	1			
STAN STAN STAN STAN STAN STAN STAN STAN		ARYLAND	BAL	TO.	BAI	LTIMORI		YES 🗌	CX ON	29		LER C	Т.	#2	1208	
MD. 1, 2, 1, 2, MD.	14. F.	ATHER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAIDEN	NAME	A	IDDLE	1		LAST	100
DEATH PARTY	2	JOSEF			BURS			17 11/505	FANN					MEHL		
LTIMOR NETER DE VE PAGE VE PAGE SION OF SION OF	()	res. NO, OR UNKNOW		AR OR DATES)	166 SOC	CIAL SECURITY	Y NO.	17. INFORM	I			ORPEES				
BALTIMORE, MD. 2120 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND TITH FORM PM 3. RETA PAGES 1, AND 2 SHOUL VISION OF ITAL REC		YES	KOREA					29 (COBBLI	ER CT	. B	ALTO.	, MD		208	
T OCONA	130	PART I DE A	DEATH (Enter only TH WAS CAUSED	one couse per lin BY:	ne for (o), (b)	Cyanic	e in	tovice	ation					BETY	PPROXIMATE WEEN ONSE	E INTERVAL T AND DEATH
PRESTON ST III HAN STAD OF STATE OF STA		7-1	IMMEDIATE	CAUSE (o)	D AS A CON	ISEQUENCE (COVICE	acton					-		
a Francis		Conditions	, if any, which	00210,0	K AS A CON	ISEQUENCE (Jr.									
A SERVICE OF THE PERSON OF THE			ta immediate	(b)	R AS A CON	ISEQUENCE ()F	1.71-								
N N N N N N N N N N N N N N N N N N N		lying cause	lost.	(4)		02 4021162								34.0		
AANK ATIC		PART 2 OTHER SIGN	HEICANT CONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT RELA	TEO TO THE TERM	INAL DISEASI	DR CONDITION	GIVEN IN PART	T I in						
DIVISION OF VITAL RECORDS S GERTIFICATE SHOULD BE DECENTING THE WORD "PENDING ROED TO THE CHIEF MEDICAL ES SHOULD BE USED AS A BUT OF PENDING PRICE TO BURIAL, CREMATION OF PRICE AND PRICE TO BURIAL, CREMATION OF PRICE AND PRIC	NO															
A HE	CERTIFICATION	19a. DATE OF C	PERATION	19b. COND	ITION FOR V	WHICH OPER	ATION W	AS PERFORA	MED?				100	20. 4	AUTOPSY'	?
SHOULD ORD "CHIEF USER USER IT OF H	TIE									100					YES X	NO 🗆
O FE WELL		210 EXTERNAL UNDERLYING	-	216. TIME C		DAY YEAR		W INJURY			ATURE OF INJ	URY IN ITEM 18	PART I OR P	ART 2)		
SION OF RTIFICATI NG THE V O TO THI SHOULD PARTME	MEDICAL	CONTRIBUTING	G CAUSE OF DE		M. 3/5	19 86		gested	d cyar	nide		100	1 1 1			
OVISION OF THE PROPERTY OF PROPERTY OF PROPERTY OF THE PROPERT	MED	WHILE		STREET, FA	OF INJURY	(AT HOME,		TATION TREET Tingho			CITY OR TOV	NN.,	C	OUNTY _		STATE
THIS WAR		AT WORK	AT WORK	OI	fice		Wes	tingno	ouse I	Plant	, Lil	ntnic	um, A	4. A.	., MC	1.
NO, NO,		22a I certify	that Llook charge	at the remains de	excribed obo	ve, held an	Autop	y XX	Inspection		Inquiry		ind in my o	pinion		
MAIN THIFIGH		death resulted	Yom Natural	courses .	Accident	Su	cide 🔀	Homici	ide .	Undeter	mined mo	nner .	,			
A WAS SER		ACTUAL /	600.000	ath	1118	n W/	1	TITLE (SP	,				DATE			
SE S		SIGNATURE	wein	- UX	my)	1100	5 M	D. ASS	istan	T. MEDIC	AL EXAM	INER	SIGN	ED_3	/6/8	6
MER DAY		EXAMINER'S N (TYPE OR PRINT	AME Den	nis F. S	Smyth,	M.D.		ADDRESS	111 P	enn S	St.	Balto	MD.			
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH THE BALTIMORE, MARYLAN	23a B	URIAL CREMATI	ON, REMOVAL 236	DATE	[23c. N	IAME OF CEA				[23d. LOC	ATION					
07/B4 BP 82	(:	BURIA		AR.7,198	6 OF	HEB SHA	LOM	MEM. PA	ARK	CITY	EIST	ERSTO	WN °	3ALT	O. ST	^MD
25M DHMH - 17	24 F	UNERAL DIRECT	OR SOL LI	EVINSON	& BROS	S., INC.		2	So. DATE RE			1.				
(VR A15 ME (5))	6	010 REIS	TERSTOWN	ADDITO	13		1215		MAR	111	1986	fulia.	Davido	-70	mdett	



003	5011	0 0	1	FOR STATE REGISTRAR		DEPARTM	ENT OF HEAL	F MARYLAND TH AND MENT. ATE OF DEAT			0 6	5 7	2 EST
		-	2		1831	MIDDLE	LAST		20	DATE OF DEATH		DAY YEAR	2b. HOUR
	2 1	the second	51	(TYPE OR PRINT) LADY	MAE	(Zella)	BURTON			MARCH	26,	1986	15 PM
41	1 6	1	V	SEX	4 RACE		5. DATE OF 8		6.	AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
3_	6	818	1	Female	Whi	te		17, 190	5	80	YRS.		
	orth. Fo	1	13	o. BIRTHPLACE (STATE OR FORE COUNTRY) Virginia		States	MARRIED WIDOWED	NEVER MARRI	IED -	ANNE A		COUNTY	MD.
	other d	led with	24	GLEN BURNIE	NORTH	HOSPITAL, NURSING HACULY CVESTEET ARUNDEL	HOME OR C	THER INSTITUTION	ON 12	USUAL OCCUP THE OF WORK FOR MO House-W	ST OF WORKING LE		F BUSINESS OR
1LAND 2120	thin 24 hours	should be for	27	AL RESIDENCE (IF NURSING 13b ATT)	nome or other institution county nneArundel	136. CITY OR TOWN Pasaden	a Y	I, INSIDE CITY LIA ES NO MOTHER'S MAIL	N.	street ADDRES	SS		
LAR	A 4	9	2/1	Ben i omin	MIDDLE Thromatellin	Non i como		Lucy		MIDDL		errell	T
, N	otto	- 3	774	Benjamin 60 WAS DECEASED EVER IN	Franklin U.S. ARMED FORCES?	Trigge		INFORMANT		Ann			rine Ave.
TIMOR	1	- Page	1	(1 (1 (1) (1) (1) (1) (1) (1) (1	F YES, GIVE WAR OR DATES)	220-60-8	394	Florence	e Bran	dt / Pas		Md. 211	22
ESTON ST. BA	death cartificate	ove corbon pape rhan, or removal rounds, event, it		Canditions, if any, w	DUE TO, O	RESPERAS A CONSEQUE	NCE OF		nes	COPEN	T	4	MATE INTERVAL DANSET AND DEATH ALTES
31 W. PR	that the	ease rom of, cremo or other to		gave rise to immed cause (a), stating underlying cause 1		RASA CONSEQUE		15105	FS'			Y EA	45
AL RECORDS, 21	he law requires ans.	it permit. Then plane prior to burn	2	PART 2. OTHER SIGNIFI	c OBST	ONTRIBUTING TO D	· Pu	MONA	no	PES NO PER OR CO	20b. IF YE	S, WERE FINDIN	NGS USED
DF VIT	physic.	follows and Hyg	9	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.		Y YEAR	Ic. HOW INJURY	OCCURRED	(ENTER NATURE OF	NJURY IN ITEM 18	PART 1 OR PART 2]	
VISION	G PHYS3 amending	s the bors and Mer	1	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE		21	f LOCATION STREET		CITY O	RTOWN	COUNTY	STATE
0	R ATTENDEN hospital or	hed for use o rpt. of Health tem 21 is mo		220.1 certify that (I) (the				, , , ,	86 apinian dea	, to th accurred on th			
	ITAL O	Stone D	4	22d. PHYSICIAN'S NAME			122	ATTENI PHYSIC	DING	MEDICAL S	TAFF SICIAN 🗌	3/2	5/85
	Point of the state	hould be with the	1	DAVE	1 RISE		c	200 1/05	PZAMC	Draw	E Gren	Burns	2 21061
	T 2 .	W 00 36		30 BURIAL, CREMATION, REA		and the second	AME OF CEMI	ETERY OR CREMA	ATORY	23d LOCATION	imio A	COUNTY	ndel,Md.
	BP	50AA 4/90	1	Burial 4 FUNERAL DIRECTOR	March	29-86 G	len Hav	ren Mem I		EC'D. BY REGISTR			
	(VRA		1	McCuily Fune	ral Home/	Pasadena,	Md. 21	122	DAAD.	Z 4 4000	1 in Kar	:1. 70.	de eg

a satis A sect ordered port & ... Internation to Direct Courts at an one of the second states of the states The state of the s Listen Y ... I have not a server a series of the the compact and planted mafe ALTERNATION CONTROL Homes Pragation, No. 12-12

E0 2431-01-11 173-174 sings of start from the sound and soul will (SP 2000) Constitute and the We had professed more and the state of a visit in the

									ARYLANI					. 7	.1
001	00001		FOR STATE				MENT OF H				75 0	. () 6	2/	650
00-	U U b byth		RECTSTRAR		WEI		EXAMINE	R'S CI	ERTIFIC	ATE OF	DEATH	REG.	NO.		
	400		EASED NAME E OR PRINT)	FIRST		MIDDLE		Ce	faratt	i	20. DA	TE KNOWN	HTHOM XX	DAY YEAR	2b. HOUR
	後の記載に			Rona	ld	M.		Cefi	aratt	i	DE	ATH MATED	□ 3 -	14 19 86	, M
	APPEDE	3 SEX	ale	white	S. DATE OF BIRTH	4// 45.00	6 AGE IN YEAR	IS IF UND	DER 1 YR.	FUNDER 2		ATE	HINOM	DAY YEAR	7:05
,	SARY, MI DIRECTORY YOUR TON SHOW STON SHOW	ш	ale.	MITTE	3 9	-86	45 YRS		DAYS	HOURS	MIN PRON	OUNCĘD E AD	3-	15 1986	7:05 p. M
_	AAL TO A	70 BI	RTHPLACE (ST	ATE OR	76. CITIZEN OF WH				~-Up*		9. BA	LTIMORE CITY			1 P. M
	NECESSARY, EUNERAL DIRECTOR STOR YOUR WITHIN 72 HC	WAS	hington	n TC	USA		1	WIDOWE	D NEVE	DIVORCEI	- ·		-3-1 0		
and the same of th	TH. IF ANY DELAY IS NECESSAR! 1. 2, AND 3-TO THE FUNERAL D M. 3. RETAIN PAGE 5 FOR YOU Q. 2 SHOULD BE FILED, WITHIN Y ITAL RECORDS, 201 W. PRESTON		TY OR TOWN		11. NAME OF HOS	PITAL NU	RSING HOME				Tu.	ne Aru		126 KIND OF B	MD.
/-	A SHOP IN THE STATE OF THE STAT		napoli		(IF NOT IN SUCH FAC	CILITY, GIVE S	TREET ADDRESS)				FOR MOST OF	WORKING LIFE)	e di Work	OR INDUS	TRY
	DELY S.				Anne Aru	indel	Genera	1 Hos	spital		ттес.	trcian		constr	uction
20	SOR SOR		ryland	113b COUN	YTY	113c CITY	ORTOWN		3d INSIDE CITY		13e STREET AD				
24	A A B B B	_		Anne	Arundel	Dur	nkirk		YES 🗌	KON		Lane Fa	airhave	en 2075	4
MD. 2120	12 32 32	14 FA	THER'S NAME		MIDDLE		LAST		15. MOTHER	ST		MIDDLE	B.	LAST	
RE,	SES 1.		Mich			aratt		PB		ginia		Α.		Dock	
IMO	FTER DEATH F PAGES 1, FORM PM SES 1 AND ION OFVIR	160. V	AS DECEASED	EVER IN U.S. AR	MED FORCES?		CIAL SECURITY		7. INFORMA	ANT	8.3	ADDRE	SS		-1111-
BALTIMORE,	JRS AFTER 3. GIVE PA WITH FOR I. PAGES I DIVISION		a no	n/s	3.	213	38 1720	0	Rober	ta Ce	faratt:	i sma	e as #	#13	
2	B. GIVI		18 CAUSE O	DEATH (Enter or	nly one cause per line	far (a), (b)), and (c).)		14 (20)					APPROXIMA	TE INTERVAL
TS N	VITHIN 24 HOU JCIL IN ITEM 1B INER ALONG I PANSIT PERMIT TAL HYGIENE, I R REMOVAL.	2	PARTIDE		D BY: TE CAUSE (a) B]			to Ch	nest					BEIWEEN ONS	ET AND DEATH
5	NAME OF THE STATE		816	MAUNEDIA			SEQUENCE O								
SE S	D WITHIN PENCIL IN MINER A - TRANSIT ENTAL HY OR REMC			s, if ony, which											
× .	NAT A STANCE	133		e to immediate stating the under	< 1-/-	AS A CON	ISEQUENCE O	£							
100	XAMIN XAMIN XAMIN AL-TRA MENTA NENTA		lying cau	se last.			TOT GOT THE O								
5,3	S S S S S S S S S S S S S S S S S S S		PART 2 OTHER SIG	WIFICANT COMOUTIONS	CONTRIBUTING TO DEATH 1	HIT NOT BELL	TEO TO THE TERMIN	AL OUTTAGE	OR CONOUTION O	CHIEF IN BARY					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	ULD BE EXECUTED "PENDING" IN PI EF MEDICAL EXA ED AS A BURIAL- HEALTH AND ME AL, CREMATION, (z	THE STREET	TEAN CONSTITUTE	CONTRIBUTION TO BEATING	IOI HOI KELA	INCO TO THE TERMIN	INC DISEASE I	DK CONDITION (GIVEN IN PAKI	1 101.	1			
EC	MEDIE E PENDIN	CERTIFICATION	190. DATE OF	OPERATION	TION CONDIT	ION FOR	WHICH OPERA	TION W/A	C DEDECODAA	ED3				20 AUTOPSY	10
¥	SHOUL ORD "I CHIEF E USED TOFH	5	IN. DAIL OF	OT ENATION	170 CONDI	ONTOR	WINCH OFERA	TIOIN WA	J FERT ORM	ico:					
7		E	210 EXTERNA	CALICENNAC	21b TIME OF	th i th i th i		La							NO
0	ANE NEW YORK	201	UNDERLYING	8.6			DAY YEAR	21c. HO	W INJURY C	OCCURRED	LENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PAI	AT 2)	
0	FOLT 4 =	MEDICAL	CONTRIBUTIN	IG CAUSE OF	DEATH 6: 15 P.M.	3-1	1,00	dri	ver i	n aut	o/auto	impact			
N I	PR DEP	AED .	21d INJURY O		2) e PLACE C STREET, FACT			211. LOC			CITY	OR TOWN	COL	UNTY	STATE
۵	WR AR A GENERAL STATE	-	AT WORK	NOT WHILE AT WORK	X ro	ad		Rt.	. 258,	Anne	Arunde	1 Co.,	Maryl	and	
	ATE, WRITING ORWARDED ORWARDED OR STATE DEP (E STATE DEP		220 Leertif	v that-I taak char	ge of the remains desc	ribed aba	ive held an	Autopsy	XX	Inspection	Inc	uiry .	and in my ap	no an	
	NO TOTAL	10	death results		molecular /	Accident .			Homicid		Undetermine]	illion	
	IREC VITT			11.	1 01/	necident.	1	ide L.,	TITLE (SPE		Ondetermine	a manner	٦,		
	# D 2 0 7 1		ACTUAL	elleu	La X Dr	un	In VIII	()	Assis				DATE	3-15	-86
	ZHR WENT		SKINATURE_			1	et ins	M. L	, 100		MEDICAL E	XAMINER	SIGNE	D	
	NO SE A SE		EXAMINER'S I	NAME Den	nis F. Smy	th, I	M.D.		DDRESS 1	111 Pe	nn St	, Balto	bM . c	. 2120	1
	TO MEDICAL EXAMINER: II EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	73n BI		ION, REMOVAL			NAME OF CEM				23d. LOCATIO				
		15	buri	_	3 18 86						1 CITY OR TOW	N	Trent	Marylar	TATE
07/84 25M	BP	24 FL	JNERAL DIREC		3 10 00	100	donern	Menn.	125			STRAR 256 RE			14
	DHMH - 17				neral Home	Ourin	re Mans	-Tand		MAR.	1 0 100	16 de la	Kail	7 Daniel	
	(VR A15 ME (5))		1/9	ubcii rui	TOTAL HOME	OMITI	Sp mar)	Lanu		40 9 L	- 3 130	No Alexander	O PARTICION	1 - Nouther	Photos

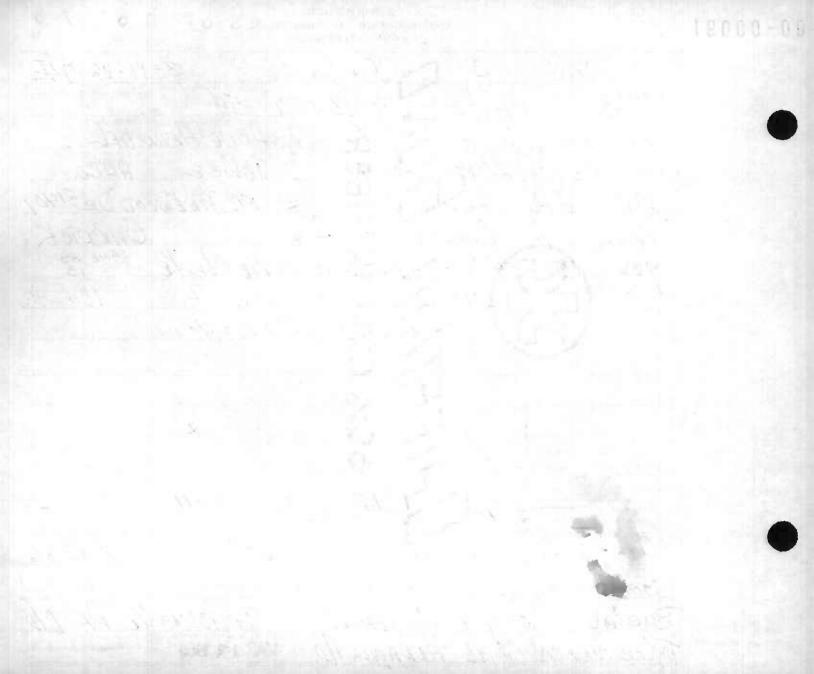
the Through the Management and the Contract of the art

0 - 0	1521	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES 6	0 6 5 7 5 EST
		I. DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH ME	
	nay be page 3		FREDE	RICK CHARLES	CHARPIAT	MARCH	23, 1986 1231 PM
	Ter o	3. SE:		4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER TYEAR IF UNDER 24 HRS
6	ge 4	-	male	Cau Casio		174	YRS.
	nerol dir	70. BI	RTHPLACE (STATE OR FOREIGN	USA	MARRIED S NEVER MARRIED WIDOWED DIVORCED	ANNE ARI	COUNTY OF DEATH UNDEL COUNTY MD.
10	s ofter d	10. ⊂	GLEN BURNIE		ING HOME OR OTHER INSTITUTION OF ADDRESS! HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	
MARYLAND 2120	filled in audite		TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM TO THE PROPERTY OF TO	WN 113d INSIDE CITY LIMITS?	130.STREET ADDRESS / 2	1 2 7 1/1/-1
MARYL	d thir	14. FA	rederick &	middle arl Char	piat Margare	ME + Eliza	beth LAST
BALTIMORE,	M/			RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 2/6 - 6	1-3059 L/// 4h Ch	arplat (S	eme as # 13)
	and to be seen the se		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly one cause per line for (a), (b), c ED BY: TE CAUSE (a) 00000000000000000000000000000000000	ardial infa	rction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST.,	death ce ottending nove carb stion, or r		Conditions, if any, which	DUE TO, OR AS A SONSEO	UENGE OF		
	by the ase rem		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF		
RDS, 20	requires to signed. Then ple in to buria	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PART 110
AL RECO	The law rician. The has been say permit grene prior	CERTIFICATI	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, 201	SICIAN: The ng physicio certificate i ental Hygie ental Hygie Item 18 sho		710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART 2)
NOISION	offer this os the but hond Medal	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM. ETC.) 21f LOCATION STREET	CITY OR TOWN	N COUNTY STATE
	Spirol or CTOR: A for use of Heal	13		oital) attended the deceased from 19. 19. 19. 19. 19. 19.	DO, and that in (my) (our) opinion	death occurred on the date	19 00, that (I) (we) lost e and hour and from the causes stated
	TAL OR A y the hor RAL DIREC detached of Dept.		Ment of	ma.	~	MEDICAL STAFF DIRECTOR PHYSICIA	3-24-86
	TO HOSPITAL etoined by the should be det with the State		JOSEPH TALER		22e ADDRESS 95 AQ	UAHART ROAD BURNIE, MARY	LAND 21061
	BP	23a. i	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	BALTIA	NORE MO STATE
	DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	ARRANCO SE	VERNA PARK	MD 21146	TE REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 066178 CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 20. DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) Joseph Jacob Ciesla March 1. 1986 dec 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Aug. 31, 1918 Male White TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland **TISA** Anne Arundel Co WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAŁ OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Pasadena Plant Manager Indep. Can Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 1136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Md. Anne Arundel Pasadena 928 8 th street 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Peter Ciesla JANKIEWICZ 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 218-07-4521 June Ciesla Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ich PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) COUNTY STREET CITY OR TOWN STATE NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased from. saw the deceased alive an. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSIC 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY Burial 3-4-86 St. Stanislaus Cemt. Baltimore 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 McCulfy Funeral Home, 3204 Mt.Rd Pasadena, Md. 21122 (VRA 15, 4) Gerlin Squiden Bandson

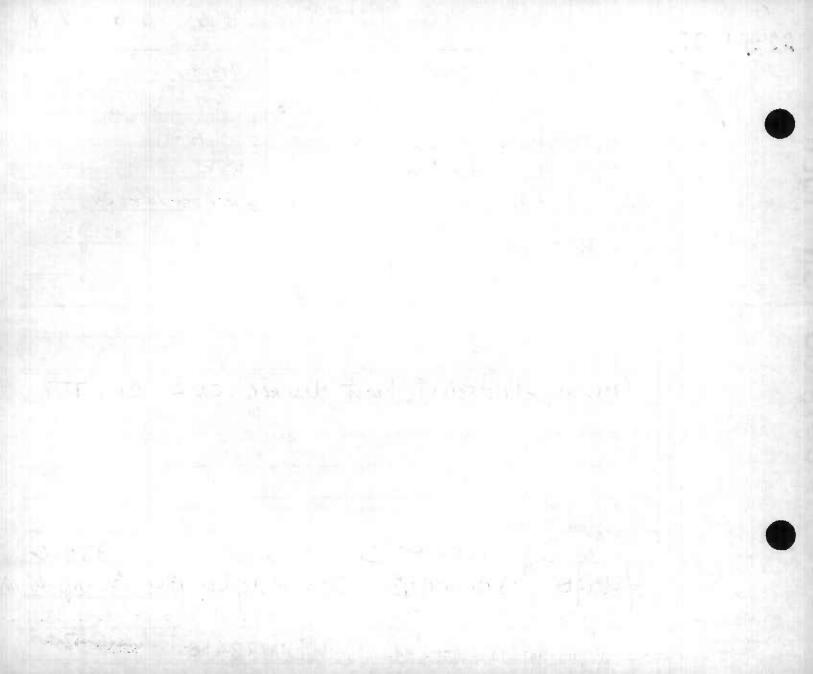
851000 Fried Richtland ak-19913,2 Lt 3 11212 FAN-THE ENTER the state of the s

Λ –	01610	1.	FOR STATE REGISTRAR		DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE B 6	0 6	5	7 /
1	0,0,0		CEASED NAME FIRST	MIDDL	E	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
	of the bear	11146	ALLEN	С.	K.	CLARK	MARCH	25	1986	500 DM
	YOU OF	3 SE	X	4. RACE		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER I YEAR	IF UNDER 24 HRS
	oge 4 rector		MALE	WHITE		SEPTEMBER 6, 1911	74	YRS.		HOURS MIN.
	2 P Q		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA		MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	-51
	S & in 7	+	ENTUCKY	U.S.P	+ .	WIDOWED DIVORCED	ANNE A	RUNDE	= 1	MD.
	1 11 20	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSE		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF	ON I	2h KIND OF	BUSINESS OR
5	10	SE	VERUA HARK	MERIDI		PURSING CENTER	Lawyer (Re) (+	Counci	hip Bld.
212	100	UsU	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE	RESIDENCE BEFOR	E ADMISSION)			Journe I.	
2	が過程を		100 000		CITY OR TOV		13e.STREET ADDRESS / 7855 Americ		ale '	21.061
YLA			ATHER'S NAME		OZCII D	15 MOTHER'S MAIDEN NA		ana CII	сте	21001
BALTIMORE, MARYLAND	a polo polo	7	() FIRST : 0 ==	MIDDLE	LAST V	FIRST	WIDDLE		LAST	
M,	E o lo	16n \	VAS DECEASED EVER IN U.S. AR	MED FORCES? TIAN	SOCIAL SECI	JRITY NO. 17. INFORMANT	ADDRE	SS	Schne	eider
AOR	edico		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)						
YE .	rs. P	-	No /		217.16		Clark (Wi	fe) Sam		
	hysic cope cope cope cope nt, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line D BY:	for (a), (b), ar	nd ic.,	1 (1)		BETWEEN ON	ATE INTERVAL ISET AND DEATH
ST.	g pl			E CAUSE (a)		large he len	1 Juin		41	ven.
O	th conding			DUE TO, OR AS	A CONSEQU	ENCE OF IV	1		2	
EST	deo ore ove thon		Conditions, if ony, which	(d)		Dehenrihed	descert		24	en
W. PR	into the deoth or deby the ottendin lease remove carb lock remotion, or or other traumotic		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS	A CONSEQU	ENCE OF		6	/	
RDS, 201	equires that signed Then pled to buriol injury, or a	NO	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTR		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN I	N PART IIo	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	The low rate hos been the hos been stripermit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION		OPERATION WAS PERFORMED	YES NOT	70b. IF YES, WE IN CERTIFYING	G CAUSES O	
7	ZXCOTO	CE	21a ACCIDENT WAS UNDERLYING	110110 1 11		21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN HEM 18 PART I	OR PART 2)	
0	SICIA ng pl certif certif inol-t	AL	OR CONTRIBUTING CAUSE OF DEA	1117	MOIVIII	19				
O	PHYSICIAl ending ph this certifi to buriol-tr id Mentol	MEDICAL	214 INJURY OCCURRED	21e PLACE OF IN		211 LOCATION	CÉY OR TO	Afbi	COUNTY	STATE
N IS	G P offer the street of the st	Z	AT WORK AT WORK	(AT HOME STREET, F.	ACTORY, OFFICE,	= 1	1 1 2	~	21	STATE
	O Se o		22a I certify that (I) (Nos hospe	tal) attended the dec	ceased fram_	3/20 1901		19	the the	ot (I) (we) lost
	R ATTEN hospital RECTOR red for u ppt of He em 21 is		saw the deceased alive an above, (1) (ve) (and) (did no	3/20	10 9	and that in (my) (and apinion o	death occurred on the do	ite and hour and		
	O = + 0 =		226. SIGNATURE O PO	1		DEGREE			22c. DATE SI	GNED, 17
			yend the	-ch		ATTENDING PHYSICIAN Z	MEDICAL STAF	IAN .	31	26/0%
	HOSPITAL ned by 11 FUNERAL UID be det 1 the Store ORTANT:		22d. PHYSICIAN'S NAME (TYPE O	•		27e ADDRESS	0	0		7
	TO HOSPITAL etoined by to TO FUNERAL should be det with the Store MPORTANT:		CEAMI	1 CHU	neH	8 tivon 6	upon 110	J LIK	GRAN	A MAK
	75 12 3 2		SURIAL, CREMATION, REMOVAL	236 DATE		NAME OF CEMETERY OR CREMATORY	23d LOCATION			41196
	BP		Burial	March 28	1986	Gedar Hill cemetery	Brooklyn	A	A Co.	Md.
	DHMH - 16 60M 7/84		INERAL DIRECTOR	Suattes		25a DAT	REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNATUR	₹E
	(VRA 15, 4)		Singleton Funer	al Home	Glen B	urnie, Maryland	MAK 2 1 1988		W LANGER WITH	Junane



Hardesty Funeral Home Ann. Md. 2140

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR KNOWN X Byran DEATH MATED WENDELL COLEY 86 19 4 RACE IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED MALE BLACK 25 1966 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X MARYLAND WIDOWED DIVORCED Anne Arundel County ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Glen Burnie Custodian North Arundel Hospital BE 13e STREET ADDRESS 7861 Willing Court 130 STATE 13d INSIDE CITY LIMITS? MARYLAND Pasadena Pasadena, Maryland 21222 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST John Henry Colev Lila Griswould 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 7869 Willing Court YES, NO. OR UNKNOWN 216-86-5087 Lila S. Griswould Pasadena, Maryland 21222 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, If any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR ** MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 3-28-19 86 Pedestrian struck by auto. 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK road Rt. 10 no. of Rt. 648 Anne Arundel MD 220 I certify that I took charge of the remains described above, held an Autapsy and in my apinian Accident X Hamicide death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3-30-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ANN M. DIXON, M.D. 111 Penn St., Balto., MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 4/3/1986 Mt. Calvary Cemetery Burial 07/84 BP Pry | Anne Arundel, Maryland 25M 24 FUNDRAL HOME, INC. **DHMH - 17** FALLS PKWY. BALTIMORE, MD. 21216 (VR A15 ME (5))

STATE OF MARYLAND

			OR	a 4/22/8	6 mtb F	EPARTMEN	STATE OF I			GIENE A	n	6	5 8	
00-	00264		STATE REGISTRAR	1.365	MED	OICAL EXA		CERTIFIC		DEATH	REG. N			
o tela	18 of vi 13 =		EASED NAME OR PRINT)	AIMEE	D	WIDDIE	C	OOK		Or Or	KNOWN ESTI-		11 19 86	26 HOUR
1/33/20	PLEA RECTO HOUS STREET	3. SEX	4 RAC	E S D	ATE OF BIRTH			NDER 1 YR.	IF UNDER 24		E	MONTH	DAY YEAR	24 HOUR 2 • 0.4
0_	A DIE	7a BI	ETHPLACE (STATE OR		3 - 28 -	AT COUNTRY?	4 YRS.			9 BALTI		OR COUNT	11 1986 Y OF DEATH	2:84 _M
•	WECKS WITH WECKS		N. H.		U.S. F	7	WIDO		DIVORCED	Anne	e Arun			MD.
VID	化製品 4		en Burnie		NAME OF HOSE (IF NOT IN SUCH FAC Orth Aru	ILITY, GIVE STREET A		HER INSTITUT	ION	FOR MOST OF WO		PE OF WORK	OR INDUSTI	RY . 4. 7
N	AN NO OULD ECORE		L RESIDENCE IF IN NO				E ADMISSION)	134 INSIDE CIT	TY LIMITS?	3e STREET ADDR		1	HOUSE	FCIG
MD. 2	3. F	14. F.A	THER'S NAME	H.H. (0.	Oder	ton	YES	NO X	672	CHAP	e/GAT	te DR :	31113
RE, M	FORM PM FORM PM ES 1 AND S ON OFVIT	1	TOLN	ω .	DDLE	VACho	N	PIF	BARA		J.		BEOUN	
BALTIMORE,	IRS AFTER I S. GIVE PAC WITH FOR T. PAGES I DIVISION O	16a. V	AS DECEASED EVER S, NO, OR UNKNOWN)	IN U.S. ARMED	FORCES? OR DATES)	166. SOCIAL S	7-8943	M.	ANT	in Co	ADDRES	s ±	170	The same
#	DURS A 18. GI 18. GI WIT. PA NIT. PA		18 CAUSE OF DEA	TH (Enter only one		for (o), (b), and		11101	0 1/1	<i>V</i> . Co	0/\		APPROXIMATE BETWEEN ONSET	E INTERVAL T AND DEATH
W. PRESTON ST.,	24 HOU LITEM 18 LICONG V PERMIT GIENE, I		Y ARTIOCATIV	IMMEDIATE CA	403L (0)	ardiomy								
PRES	TED WITHIN 24 IN TEX ASMINER ALON AL-TRANSIT PER MENTAL HYGIEIN, OR REMOVA		Conditions, if gove rise to	immediate	(b)			9						
201 W	N PEN VEN VEN VEN VEN VEN VEN VEN VEN VEN V		lying couse lost			AS A CONSEQU	JENCE OF							
RDS,	EXECUTION OF THE AND WATIC	,	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTR	RIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL OISEA	SE OR CONDITION	GIVEN IN PART	1 (a),				
RECO	PENDII PENDII PARDII ED AS A HEALTH	CERTIFICATION	190. DATE OF OPERA	ATION	196 CONDIT	ION FOR WHIC	H OPERATION V	VAS PERFORA	MED?				20 AUTOPSY	?
VITA	E SHOULD WORD "PE IE CHIEF AN BE USED A ENT OF HEA	RTIFIC	21g EXTERNAL CAU	SEWAS	21b. TIME OF	INTERNA	121	1014/15/10/15	200 1005	45			YES 🗶	NO []
NO NO	FICATE WOOD THE WOOULD BOULD BOULD BOULD BOUT TO BOULD BOUT TO BOULD BOU	SAL CE	UNDERLYING CONTRIBUTING	OR	HOUR A.M.	MONTH DAY	YEAR	IOW INJURY	OCCURRED	ENTER NATURE OF I	NJURY IN ITEM 18	8 PART 1 OR PAR	T 2)	
DIVISION OF VITAL RECORDS, 201	E. WRITING THE SHOULD BE EXECUTED IN FORTH STANDING THE WORD "PENDING" IN FRAMEDICAL EXA RAGED TO THE CHIEF MEDICAL EXA FAGE 3 SHOULD BE USED AS A BURIAL. STATE DEPARTMENT OF HEALTH AND MY, 21201 PRIOR TO BURIAL, CREMATION,	MEDICAL	21d INJURY OCCUR WHILE NOT AT WORK AT V	WHILE D		F INJURY (AT DRY, FARM, ETC.)	HOME, 211. LC	CATION STREET		CITY OR TO	OWN	cou	NTY	STATE
	AND SE HE			I took charge of t	ROW.			1	Inspection	. Inquiry		nd in my opi	inion	
-	EXAMII CERTIFIC JID BE DIRECT WITH		ACTUAL	n: Noturol ca	iuses [];	Accident .	Suicide	TITLE (SP		Undetermined m	ionner [],	The second		
	SHOULD SH		SIGNATURE	how	1	n	^	A.D. Assis	stant	_MEDICAL EXA	MINER	DATE	3-12-8	36
	TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY		EXAMINER'S NAME (TYPE OR PRINT)					ADDRESS		n St., I	Balto.	, MD	21201	
07/84	BP 87	230.BL	PenA HON	1EMOVAL 236. D.	13-86	23c. NAME	of CEMETERY C	OR CREMATO	RY	23d. LOCATION CITY OR TOWN	nuee	COUNT	m/st	ATE
25M	DHMH - 17	24 FL	NERAL DIRECTOR	1001	ADDRESS	1	/ m	1 2	So. DATE REC	C'D. BY REGISTR.		STRAR'S SH		42
	(VR A15 ME (5))		1. M. H	HKAES!	/	HANA	DO 113 1/10	10/40/	MAK	14 198	0 7	Anne late	27-10-10-10-10-10-10-10-10-10-10-10-10-10-	

A S C

A THE RESIDENCE OF THE PARTY OF

EUG. A smale of the contract o

STATE OF MARYLAND

navid be deta

FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR E. EVANS ANNAPOLIS, MARYLAND

3-21-86

HOLY SEPULCHER

23b DATE

72d PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

BURIAL

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE was a few for the state of the state of

23c NAME OF CEMETERY OR CREMATORY ROOHESTER

MONROE CO. N.Y.

22c DATE SIGNED

YES [

COUNTY

26 HOUR 30

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

INCUSTRYT OM

IF LINDER I YEAR

1 1 180530 THE PROPERTY OF SAME Sugar Essential De Constant Marie Marie UND

00-	00259	1 ¹	ems 18-22a 4	1/17/8		EPARTMENT O	HEALT			TL	6 5	8 4	
0 0	00233	T DE	REGISTRAR CEASED NAME F	IRST		MIDDLE	NEK 3	CERTIFICAT	E OF DEA	KEG. I		AY YEAR	Tar manus
-			E OR PRINT)			moste				OF ESTI-	MONTH D	AY YEAR	26. HOUR
	50 E C C C C C C C C C C C C C C C C C C	3.583	I4 RACE	15.0	RICHA ATE OF BIRTH	FD I6. AGE (IN	CRE		IDED OATUDE	DEATH MATED	3-8-86	19	M
	E E E E E		110	MO	ONTH DAY	YEAR LAST BEET			NDER 24 HRS.	2c. DATE PRONOUNCED	MONTH 0	AT TEAR	2d HOUR
	ON ON O	_	ale Bla		12-31-5	04	₹RS.			DEAD	3-8-86	- 17	2:107
	SELEN .		MarvI and	/b.	U.S.A		MARI	RIED XXNEVER M	AARRIED -	9. BALTIMORE CITY	OR COUNTY C	OF DEATH	
			, , , , , , , , , , , , , , , , , , , ,						ORCED	Anne Arur	ndel Cou	inty	MD.
	THE THE	10.0	TY OR TOWN OF DEATH	11.		ITAL, NURSING HO		HER INSTITUTION	12a USL	JAL OCCUPATION (TY MOST OF WORKING LIFE)	PE OF WORK 12b	OR INDUSTR	ISINESS RY
	10	≥ M	anyland	Δι	ne Arur	del Co. G	enera	1 Hosp.	M	NOST OF WORKING LIFE)	e A.A.		
5	OF PRO	USUA Us. S		HOME OR OTH	ER INSTITUTION, GIVE	RESIDENCE BEFORE ADMI	SSION)	13d. INSIDE CITY LIM	1752 13a STRI	EET ADDRESS	CO.		
212	★素語表現2つ	100.0	MD.	A.A		Edgewa		YES X NO		Edgewate	r, Md.	210	37
Å.	1.2. 2.3. 2.5. Al	14 F	THER'S NAME	7144	DOLE	LAST		15 MOTHER'S M	AAIDEN NAME	MIDDLE		LAST	
E,	ES-TH PW. PW.	2		lberi				D. C.	ssie	F. Simm		LASI	
WO	S S S S S S S S S S S S S S S S S S S	16a. \	VAS DECEASED EVER IN U		FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	5516	ADBRES	5		
BALTIMORE, MD. 21201	JRS AFTER S. GIVE PA WITH FOR DIVISION	1,	NO.	ES, GIVE WAR C	OR DATES)	214-6	2-064	18					
	B. G. WITI		18 CAUSE OF DEATH (En	ter only on	e couse per line fo	or (a), (b), and (c)			Who is			APPROXIMATE	INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	0-05#.		PART I DEATH WAS C	AUSED BY:			ive h	neart fai	lure			BETWEEN ONSET	AND DEATH
0			IMA	AEDIATE CA		S A CONSEQUENC		ICAL C LCI					7
RES	WITHIN 24 H VCIL IN ITEM INER ALON RANSIT PER ITAL HYGIEN R REMOVAL		Conditions, if ony,								1 4 7		
×.	ANIMAN OR B		gave rise to imm cause (a) stating the		(b) DUE TO, OR A	S A CONSEQUENC	F OF			THE PARTY		-17	
102			lying couse last.				2 01				10K-		
S.	JLD BE EXECUTED "PENDING" IN F F MEDICAL EXA ED AS A BURIAL HEALTH AND M IL, CREMATION,		PARE 2 OTHER SIGNIFICANT CON	DITIONS CONTR	(c)	IT NOT BELATED TO THE TO	DMINAL DISCA	C OR CONDITION CIVES	1 10 0 4 07 1				
0.00	D BE EXE ENDING MEDICA AS A BI EAITH AI	Z			ACTING TO GENTING	I NOT RECEIVED TO THE H	WHINNE GISEN	SE OR COMPILION GIVEN	IN PAREL Q.				
REC	MED BE WELD BE	B	190. DATE OF OPERATION	٧	19h CONDITIO	ON FOR WHICH OP	FRATION	VAS PERFORMED?			10	0 AUTOPSY?	2
₹	OD # SP #	5.									· ·		
>	ATE ST E CHE D BE U	CERTIFICATION	21a EXTERNAL CAUSE W	AS	216. TIME OF I	NJURY	71c F	OW INTURY OCC	LIDDED (ENTER)	NATURE OF INJURY IN ITEM 1	9 PART 1 OR BART 21	YES 🔀	NO 🗆
Ö	るままるとう		UNDERLYING OR		HOUR A.M.	MONTH DAY YE	AR	000 majora 000	OKKED (CIVICA)	TATORE OF HAJORT IN HEM II	DIAKI I OKTAKI 2)		
S	SCENTIFICATE WESTERNOR THE WES	MEDICAL	CONTRIBUTING CAUS	E OF DEAT	P.M.	INJURY (ATHOME	211 10	CATION					
N N	ARITINA ARDED ARDED GE 3 S CE 3 S 201 PR	ME	WHILE AT WORK	LE 🗇		RY, FARM, ETC.)		STREET		CITY OR TOWN	COUNTY		STATE
	E, WRII EWARD EWARD F PAGE STATE (AT WORK AT WORK										
	A SER	-	220 I certify that I taak	charge of	the remains descr	ibed abave, held an	Auto	sy XX Insp	ection .	Inquiry , a	ind in my apinia	in	
	ECETIFICATE UDID BE FOR TOWNER		death resulted fram:	Natural ca	uses X	Accident .	Suicide	, Hamicide	Undete	ermined manner	,		
	CERT CERT JID DIR WIT		AL al	1 .	Λ.	Ul no		TITLE (SPECIF	Y)				
	UTE THE CER UTE THE CER UNERAL DIR R DEATH, WI		ACTUAL SIGNATURE	More	, me	mill	Λ	A.D. Assis	tant MED	ICAL EXAMINER	DATE SIGNED3.	-9-86	
	SE S	1	EXAMINER'S NAME	1									
	> 0 % F M F		(TYPE OR PRINT)	Marg	arita A.	Korell,M	I.D.	ADDRESS	111 Pe	enr Street			
	PAFI PAFI —	23a. B	URIAL, CREMATION, REMO	VAL 23b D		23c. NAME OF C	EMETERY	OR CREMATORY	23d LO	CATION	COUNTY	ST	ATE
07/84	BP85		Burial		3-13-8	6 Chev	s C	hapel					
25M	DHMH - 17	24 F	NERAL DIRECTOR		ADDRESS	821 W			ATE REC'D. BY	REGISTRAR 256 REC	GISTRAR'S SIGN	ATURE	
	(VR A15 ME (5))		William Re	eese	& Sons	- BALIA	00/1:	SMA	MAR 1:	7 1986 July	a davidor	-Adnole	32

To Topical

a State warm

delication of the second state of the second s Thurs and low and the same and AND AND SHIP OF THE STATE OF THE STATE STATES in the property of the propert Month Direct Discount Direct Direct Standard and the process of the A.E. nylkound wintames seems the o'kerk

Company of the compan

C I DE L'AND MARKET IN THE STATE OF THE STAT

0-03143	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARTLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6 0 6 5 8 6
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
nay be poge 3	(117	Mary	D	Crist	03-29-1986 M
mo)	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
4 90 1		Female	White	09- 02- 1909	76 yrs.
2 2 2 d	70. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
1 55 37		Pennsylvania	United States	WIDOWED DIVORCED	Anne Arundel Co. MD.
1 11 1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
1 13 X		Arnold	922 Mago Vis	sta Rd.	Homemaker Mother
A bound	130		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	ADMISSION) N 113d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 922 Mago Vista Rd. / 2101:
The second second	14 F	ATHER'S NAME	a. Allione	15. MOTHER'S MAIDEN NA	
BALTIMORE, MARYLAND 2120 Fore be associated within 24 hours by con any completely filled in by open-copes 1 phq. 2 should be fille prof. It the medical roomliner make percent		FIRST	KNOWN -	FIRST	UNKNOWN -
MORE.	160	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 547–18-		nie Crist (same as 13)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certificate physician. When this certificate has been signed by the attending as the burial-transit permit. Then please remove curbant in and Mental Hygiene prior to burial, cremation as removed as the burial stransmitter or set of the stransmitter or	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT			AINAL DISEASE OR CONDITION GIVEN IN PART 110. 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
n. n	7 1 2				YES NOT YES NOT NOT
JE VITAL RECORD THE LOW RE INTERCORD THE LOW RECORD THE LOW RECORD THE LOW RECORD THE LOW REST T		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
3 PHYSICIA of this certification of the buriel-the ond Mentol ond Mentol	MEDICAL	(IF EITHER, NOTHY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	R) P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
O a a a E		220 I certify that (1) this hasp		3-) 19 86 and that in (my) (aur) apinion	death accurred on the date and have and from the causes stated
by the hospital by the hospital ERAL DIRECTOR: e detached for up State Dept. of He		Obove / IL Mye) (did (i did a	objects the body after Beath	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 41 1 86
TO HOSPITAL etoined by the TO FUNERAL should be det with the Store		THE PHYSKIAN'S NAME LINE	- (\	120 ADDRESS	tchie Huy Arnold, Md
BP	230.	Burial, CREMATION, REMOVA		Name of CEMETERY OR CREMATORY Arlington Nation	nal Arlington Arlington Va
DHMH - 16 50M 4/83	24	UNERAL DIRECTOR		tchie Hwy. 250 DA	TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR
(VRA 15, 4)	I	The Barranco	F.H. Severn	a Park Md. APR	7 Sellis Gratian Davidon

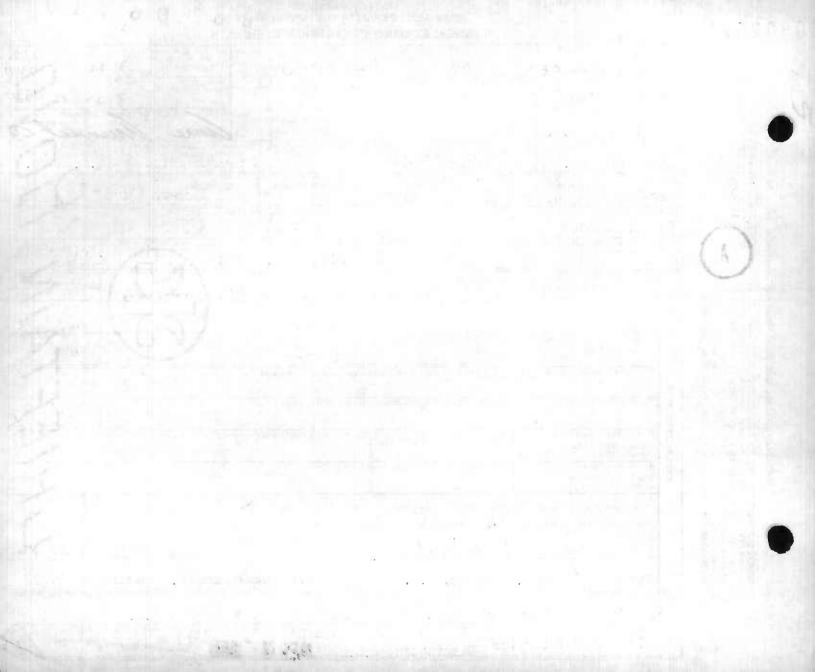
2 ----

DHMH

5	FOR STATE REGISTRAR				MENT OF I	E OF MARYLA IEALTH AND M ICATE OF DI	ENTAL HYG		6 REG. NO.	0	6 5	8 / EST	7 11
01	TYPE OR PRINT)	FIRST		WIDDLE		LAST		20 DATE OF			AY YEAR	26 HOUR	-
	THE	DORE		HAEL		VINGHAM			RCH		1986Y	430	K
	3. SEX		4 RACE		5 DATE		YEAR	6 AGE LINYE	ARS LAST BIRTHD		FUNDER I YEAR	HOURS MIN	S.
	MALE		WH	ITE	MAY	25	1966		19	YRS			
5	M BERTHPLACE STATE OR COUPERING MARYLAND	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	D NEVER M	ARRIED K	9 BALTIMOR			COUNT	Y	W.
4	GLEN BURN	NIE	NORT	HOSPITAL, NURSIN HEACHITY, GIVE STREET HARUNDE	L HOS		TUTION	120 USUAL O			INDUSTRY	F BUSINESS C	R
10	USUAL RESIDENCE (IF NUR.	113b COUN		GIVE RESIDENCE BEFOR		113d INSIDE CIT	TY I IAAITS?	13e STREET A	DDDESS / 7	IP CODE			Ī
21	MARYLAND		A CO.	GLEN BU			NO 👿		ONNIE		ROAD	21061	
-	14. FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NA			7 - 2 - 11			ī
4	JAMES		Δ	CUNNINGH	AM. SI		ERSHIA		A.		AT2		
7	160 WAS DECEASED EVER			166 SOCIAL SECT		17. INFORMAN		er)	ADDRESS	5	AIZ	IF.R	-
41	(YES, NO OR UNKNOWN)	(# YES, GIV	VE WAR OR DATES)	218.74.	9073	MRS. VE			TOP	CAME	AS 13		
0	gave rise ta imicouse (a), statu underlying couse PART 2 OTHER SIGN In DATE OF OPERA	ng the last	(c)CONDITIONS <u>CC</u>	R AS A CONSEQUE	DEATH BUT	NOT RELATED	TO THE TERM	Dys:	OR CONDII		N IN PART 110		
X	21s. ACCIDENT WAS UN	Mines F	1 VIII TIME O	e manados		The moneyers	HOL OCCUPA	YES []	NOX	N CERTIFY YES	ING CAUSES		
2	SE CONTRIBUTING	CAUSE OF DEA	HOUR A	M MONTH D	AY YEAR	TIC HOW IN	OKT OCCUR	RED (\$10182 1041	THE CALMANDER A	NUMBER DE MAR	(I.) (SEPART 3)		
	214 INJURY OCCUR	RED	71e PLACE			ZII LOCATION	N		CITY OF TOWN	1	Edustr	STATE	
	22x I certify that (I)	ed also on	3/1	deceased from_	3/	nd the in imy!	19	to	on the date	and hour i	1.000	foot (I) () (couves stated	-
7	THE STATURE	X	LUL	un	LOCAL	27e. ADDRESS	21		ITAL I	DRIVE		148	
1	23a BURIAL, CREMATION,				NAME OF C	EMETERY OR CE		23d LOCAT			COUNTY	STATE	-
/84	BURIAI 24 FUNERAL DIRECTOR	2	MARCH	18,1986 H	HOLLY	HILLS M			TE MAR	SH B	ALTO.	MD	
			Control of the Control	ADDRESS				4			down 1/2		

Commence of the commence of th OCMOVE. Vanuage Labourta ones oll Liedaullin Friedrich III 200 angune de la company de la com the will sense it the last of the sense thing . www. alice II. side

0 0	20521	1.	FOR STATE			DEPARTA	MENT OF	HEALTH	AND MENT	AL HY SE	VES CHI	0 6	5 8	7
1-1	12524	L	REGISTRAR		MI		EXAMIN	ER'S C	ERTIFICAT	E OF DE	ATH	REG. NO.		
			CEASED NAM	E FIRST		MIDDLE	1000		LAST		20 DATE KN	OWN MO	ONTH DAY YEA	2h HOUR
2	SAURE	L'	1-	RANCE	-5	NI	1	DAC	USTA		DEATH M	ATED [3 22 1981	0300
	写真正古殿	3. SE	(4. RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UN	DER I YR. IF UI	NDER 24 HRS.	26. DATE	MO:	NTH DAY YE	20 11001
01	82683	Fe	emale	Black	June 18,	1924	62 YE	RS.	IS ONIS HOU	mia.	DEAD		3 221981	1930
X	SANTAL TO	FC	REIGN COUNTRY	STATE OR	76 CITIZEN OF V	VHAT COUN	TRY?	MARRI	ED NEVERA	MARRIED [9. BALTIMOR	E CITY OR CO	OUNTY OF DEATH	1
	DAY STATE			on, D.C.	USA			WIDOW		VORCED	Marce	2 /l	runde	CAB.
	A PARTE		ITY OR TOWN		11. NAME OF HO	FACILITY GIVE ST	REET ADDRESS)	, OR OTH	ER INSTITUTION	12e US	UAL OCCUPAT	ION (TYPE OF W	ORK 125 KIND OF OR INDU	BUSINESS
	POS PETA		mapoli		3556 Ro	ckway	Drive			Pha	rmacolo	gist	U.S. G	ovt.
	SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS RITING THE WORD "PENDING" IN PENCIL IN 11EM INFORMATION OF THE WORD "PENDING" IN PENCIL IN 11EM INFORMATION OF THE CHIEF MEDICAL EXAMINER ALCONOMINE OF THE CHIEF MEDICAL EXAMINER ALCONOMINE SHOULD BE IS SHOULD BE USED AS A BURIAL-TRANSIT PERMITTOR WIS SHOULD BE IS DEPARTMENT OF HEATTH AND MENTAL HYGIELE WIS OF THE WORLD BE IS DECARDED. OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	13a S	AL RESIDENCE TATE Tyland	(IF IN NURSING HOME COUN Anne	Arundel	13c. CITY Anna	or town polis	ON)	13d INSIDE CITY LIM	13e ST	REET ADDRESS 56 Rock	wav Dr	ive 2/	4112
	- S.S. S.		ATHER'S NAM			1	PO. 10		15. MOTHER'S A	MAIDEN NAM	E			
	\$ 38 2	Sa	muel D	elanev	WIDDLE		AST		Mae Ch	iew	MIDDI	3.	LAST	
	ON TORKE	16a \	WAS DECEASE	D EVER IN U.S. AR		166 SOC	IAL SECURITY	Y NO.	17 INFORMANT		F (ADDRESS	Rd. Tribe	- 1 110
	ATAS 1	()	ES, NO, OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)	218-	12-796	3 1	Michael	A. Dac	osta	ension	Rd. Iribe Bermuda-	road#2
	WEEK!		18 CAUSE O	OF DEATH (Enter on	ly one couse per lin						Wa	rwick,	APPROXIM	ATE INTERVAL
	S S S S S S S S S S S S S S S S S S S		PARTID	EATH WAS CAUSE	D BY: TE CAUSE (o)	1	m di		ment	-1	1/ -	6 wit	BETWEENOP	ISET AND DEATH
	AZ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		Marin.	MACDIA		R AS A CON	SEQUENCE (OF					74 - 12 11 - 1	
	ANS ANS REAL HEAT			ins, if any, which	(b)			(UPD				Many	4/5
	SELECTION OF THE PROPERTY OF T	7	couse (o) stoting the under-		R AS A CON	SEQUENCE (100	1	1
	ON SEA		lying co	use lost.	(c)				CHF				.,	**
	L RECORDS, 201 W. PRESTON ULD BE EXECUTED WITHIN 24 "PENDING" IN PENCIL IN ITE F. MEDICAL EXAMINER ALON F. MEDICAL EXAMINER ALON FEATH AND MENTAL HYGE IL, CREMATION, OR REMOVA		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELAT	TED TO THE TERM	INAL DISEASE	OR CONDITION GIVE	N IN PART 1 'o'.				
	SE S	ON	10 Y 1											
- 3	HAULD WED VED VED VED VED VED VED VED VED VED V	CAT	19e. DATE O	FOPERATION	196. COND	ITION FOR V	WHICH OPER	ATION W	AS PERFORMED	?			2B AUTOP	SY?
	R R R R R R R R R R R R R R R R R R R	CERTIFICATION			No.								YES [NOX
	FICATE SH THE WOR TO THE CH COULD BE USENIZED OR TO BUB		216 EXTERN	AL CAUSE WAS	116 TIME O		DAY YEAR	21c HC	OW INJURY OCC	URRED LENTER	NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2	
	O PECTON	MEDICAL	CONTRIBUT	ING CAUSE OF D	DEATH P.J	м.	19							16.710
	S CERT RETINATION OF STATE OF PRESENTED OF STATE	AED I	VHILE		STREET FA	OF INJURY			TATION		CITY OR TOWN		COUNTY	STATE
	WARDE WARDE PAGE 21201	1	AT WORK	NOT WHILE C	-									2,111
	PATE, ORW PR: P.		22a. I cert	ify that I took charg	ge of the remains de	escribed obov	ve, held on	Autops	y . Insp	pection X.	Inquiry [ond in n	ny opinion	
	EXAMINER: CERTIFICATE JULD BE FOR L DIRECTOR: 4, WITH THE S MARYLAND,		death resul	ted from: Notur	ral causes .	Accident	, Sui	icide	. Homicide [7	termined monn			
	EXA CERT UID B DIRE WARN			0		1.			TITLE (SPECIF				_	
	DICAL E		ACTUAL SIGNATURE	7-	~20	Van	en	M	D	ME	DICAL EXAMIN	ER SI	ATE 3-2	2-86
	NA STATE		EXAMINER'S	NAME OF	. C 1111	1 41	0		111/	· C 1	0			4022
	TO MEE EXECUTE PAGE A AFTER BALTIN		(TYPE OR PR	INT) Juices		ler, M						. Crowi	rsville 2	1032
	5 <u>7</u> 46548	1	SPECIFY)	TION, REMOVAL 2					CREMATORY	CITY	OCATION FOR JOWN	0.0	COUNTY	STATE
07/ 25A			ematio		March 28,					S Was	hington		Die elektriche	
	DHMH - 17	0.0	-NIAME				Georgi		inue	MICKEL D. B	REGISTRAR	P KEGISIKA	R'S SIGNATURE	1
	(VR A15 ME (5))		- Garre	and a s	CIVICE	Washin	gton,	D.C.2	20012		नुवा पुप	AL PENTAGO		
											The party of			



		- 1				STATE OF MARYLAND	43		1
00	010	7.0	1-	FOR STATE	DEPARTM	ENT OF HEALTH AND MENTAL HY	GIENE & 6	0 6	5 9 0
00-	018	9	. 65	REGISTRAR		CERTIFICATE OF DEATH	REG. NO		True Laurenia
	00年			EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH		YEAR 2b. HOUR
	9000			Dagni	4 111. 1	alrymple			986 A.M
	A 14	1	1.5E)	0	ME.	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN.
	98c	2	1	emale	White	Hpril 3,1911	14	YRS	
	807	1/	FE BIF	THPLACE ISTATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH
	deo	6/	17	w Jersey	- USH	WIDOWED - DIVORCED	Hone H	trunde	
		2	10.01	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET A	CODRESS)	12a USUAL OCCUPATION		KIND OF BUSINESS OR USTRY
21201	à	2	12	nnapolis It	one Hrundel	General Hospital	Homema	Rer 1	lome
2	ed in	37	13a S	L RESIDENCE (IF NURSING HOME OR OTH	130 CITY OR TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	0)10 -
NA :	Z I	2	1	UD HI	1 Honapol	S YES NOTHER'S MAIDEN N	14 Sands	Hvenu	e 21403
ARY!	with selected	5/1/	A. FA	THER'S NAME FIRST MIDE	DIE LAST	15 MOTHER'S MAIDEN N.	MIDDLE	7 .00	AST
W	omp	5	/	ragniald	Gambon		A D OF THE	Mich	elsen
OR	pud o	dice	16a V	AS DECHASED EVER IN U.S. ARMEI ENDORTHIKNOWN] I IF YES, GIVE W.	FORCES? 166. SOCIAL SECUR	IN NO. 17 INFORMANT	185		
MIT.	5. P. O. O.	a de		140	1131-01-16		ymple Hon		11021403
BA	physic physic pope movol.	7	100	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	ne couse per line for (a), (b), and	Fa. 61.	0.	- Br	APPROXIMATE INTERVAL LET WEEN ONSET AND DEATH
ST.	ng pl	eve		IMMEDIATE C		lory railure			ommela/e
PRESTON	corp.	notic			DUE TO, OR AS A CONSEQUE	15	Calph	1123	I wan To
RES	otio	trou		Conditions, if any, which gove rise to immediate	(b) rieural	E1103194 9	COID		1 Mon/h
3	by the	ther	10	cause (a), stating the underlying cause last	DUE TO, OR AS CONSEQUE		= '44 -	to	2-2 mm
201	ed to	ō			(c) Urpas) carcinoma	e mei	2 1	- 7 1100 .
DS,	sign hen to bu	Linux	N	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TER.	WIN AT DISEASE OR CONT	DILION GIVEN IN P	AKI I(o)
DIVISION OF VITAL RECORDS,	been mit. I prior	in To	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
88 -	hos per	Sangle	IFIC				YES NOW	IN CERTIFYING C	AUSES OF DEATH?
/ITA	ronsit Hygie	8 24	CERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Tage of the last o	
A S	og physicerifical	ES		OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTHY MEDICAL EXAMINER]	HOUR A.M. MONTH DAY	Y YEAR			
NO	A A	o to	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TO	whi cou	UNTY STATE
IVISI	often ofter s the	rked	×	WHILE NOT WHILE AT WORK	EAT HOME, STREET FACTORY, OFFICE, FA	RM ETC) STREET	CIII OR IO	_	STATE
0	Se o Propins	E		220 I certify that (1) (this hospital)		19 (, to 3/2	, 19_	6 , that (I (hve) last
	pitol for u	21 15		sow the deceased alive on above, (1) we) (idid) (did not) vi	w the body after death	, and that (n (my) our) opinior	death occurred on the da	ite and haur and fr	rom the couses stated
	hos hos	Hem		226. SIGNATURE	11 11	DEGREE			C. DATE SIGNED
	AL D AL D detoc	T. #		mst. Ine	I for Howard	ATTENDING PHYSICIAN	MEDICAL STAF	IAN .	1/21/86
0	FUNERAL old be det	TAL		2/4 PHYSICIAN'S NAME TYPE OF PR	NI) /-+ ·	22e ADDRESS	1 14	14 . 1	- 1
3	TO FUNE should be	MPORTANI		Monard 6.	old=lein	105 Kidge	ely ove	MANDI	is, und
,	5 5 5 2 3	≤1		URIAL, CREMATION, REMOVAL	3b. DATE 23t N.	ME OF CEMETERY OR CREMATORY	23d. LOCATION	LOUNT	TY SEATE
	BP	- 1/-		remation 1	Narch 21,1986 (Ledar Hill	Sutlan	d P.C	- mD
DH	MH - 16 50M 4	/83	24 FU	NERAL DIRECTOR	A ANDRESS		TE REC'D. BY REGISTRAR	256 REGISTRAR'S S	IGNATURE AND
	(VRA 15, 4)		10	ulartunenal	Chanel Ann	molis Mil M	AR 2.7 1986	11	

am 188 - The 1412 11 H. Alexand Street Constitution of the state of th

			STATE OF MARYLAND	Vh 2	
143	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	06591
	DECEASED NAME FIRST	A RBUTUS	DAVIS	20 DATE OF DEATH MON	31/86 235 AN
ž J.	FEMALE	4 RACE WHITE	JUNE 25, 1922	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN VIRGINIA	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH
4	ANNAPOLIS	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ANNE ARUNDEL GEN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWIFE	126. KIND OF BUSINESS OR
35	SUAL RESIDENCE (IF NURSING IOME OR 30, STATE MARYLAND PR.G	ITY IN CITY OF TOWN	N 13d INSIDE CITY LIMITS? YES \(\text{NO } \text{X} \)	13e.STREET ADDRESS / ZIF	
X60	FATHER'S NAME FIRST B.	MIDDLE WOODS	15. MOTHER'S MAIDEN NA. NANNIE	CASSIE	SPANGLER
12	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16 M SOCIAL SECU		18810 Cent IS-Upper Marl	ral Avenue, boro, Md. 20772
naval.	PART I. DEATH WAS CAUSE	olly ane cause per line far (a), (b), and DBY C I E CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
any frighty, et offer fro	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CARRY OF THE PROPERTION 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	RENAL	DEATH BUT NOT RELATED TO THE TERM FAILURE OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED
Type I	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN I	CERTIFYING CAUSES OF DEATH? YES NO TEM IS PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK		19 211 LOCATION	CITY OR TOWN	COUNTY STATE
of Health		tal) attended the deceased fram	March 28, 19 86 86 and that in (my) (aur) apinion	to March 31,	nd haur and from the causes stated
TANT. II hem	226 SIGNATURE	1 Colohere	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DAJE SIGNED
A the S	ANTHONY	J. CALABRE	3E 171 DEF	ENSE Huy	ANNAPOLIS MI
1 3	Be BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY		

Richard A. Coleman -Upper Marlboro, Md. 20772

0	7	2	0	3:
487	executed within 24 haurs after death. Page 4 may be	and completely filled in by the funeral director, page 3		edical examiner must be not the direction

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH DECEASED NAME EIDS 26 HOUR TYPE OR PRINTS DAVIS MARCH 1986 A AGE UN YEARS LAST BIRTHDAY IF UNDER LYEAR 4 RACE 5 DATE OF BIRTH DAYS MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FORFIGN NEVER MARRIED ANNE ARUNDEL COUNTY WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR PE OF WORMFOR MOST OF WORKING LIFE INDUSTRY GLEN BURNIE untenence USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b, COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? SEVERIA 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for ioi, (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate cause (a), staling the DUE TO, OR AS A CONSEQUENCE OF underlying couse fast. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 20b. 1F YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR

CERTIFICATION

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM ETC)

211 LOCATION

CITY OR TOWN COUNTY

AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_

22b. SIGNATURE

ATTENDING PHYSICIAN

DIRECTOR PHYSICIAN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

22s. DATE SIGNED

STATE

22d. PHYSICIAN'S NAME (TYPE OR HILL)

22e ADDRESS

DALJIT S. SAWHNEY, M. D.

above, (I) (we) (did) (did not) view the body after death

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

0

hould be deto FUNERAL

PORTANT

00

MEDICAL

SEVERNA PACK

STATE OF MARYLAND 069031 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH THE OF REAL Sr. & AGE (IN YEARS EAST BIRTHDAY) 8-18-27 1. SEX A BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED S. A. WIDOWED DIVORCED Annapolis-Anne Arundel Comp. 126. KIND OF BUSINESS OR ECITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Anne Amundel Co. Gen'l. Hospital Stationary Eng. - State of Md. Annapolis USUAL RES Arnold, Md. 13e STREET ADDRESS / ZIP CODE COUNTY ILL CITY OR TOWN 13d INSIDE CITY LIMITS? 786 Match Point Dr. #21012 Arnold 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Myrtle Johnson Davis william 786 Match Point Drive - Arnold, Md. 6s. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT UNIVERSALISM SERVICE SERVICE 21012 Mrs. Jacqueline T. Davis 213-20-1222 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for 101, (b), and ich EATH WAS CAUSED BY ARREST CARBIAC DUE TO, OR AS A CONSEQUENCE OF hy pertension DUE TO, OR AS A CONSEQUENCE OF INCOMP ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 JF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? Inter bolevill blecker NO ACCIDENT WAS UNDERLYING 716 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC. COUNTY 103/11 NOT WHILE 77x I certify that (II (this bospital) attended) , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTEMBING ould be deta PHYSICIAN TORECTOR PHYSICIAN MPORTANT 77# ADDRESS 23e BURIAL CREMATION, REMOVAL 73b DATE THE NAME OF CEMETERY OR CREMATORY Md. Mar. 7, 1986 Burial Md. Veterans Cemetery . Crownsville 24_FUNERAL DIRECTOR (7) 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE SCHNUAB

DHMH - 16 60M 7/B4 (VRA 15, 4)

. v: te utrz, par i-ratomimi

. To the second second of the second second

allecanos, alle augest. mil.

TO SEE THE RESERVE THE SECOND SECOND

right life to the later later

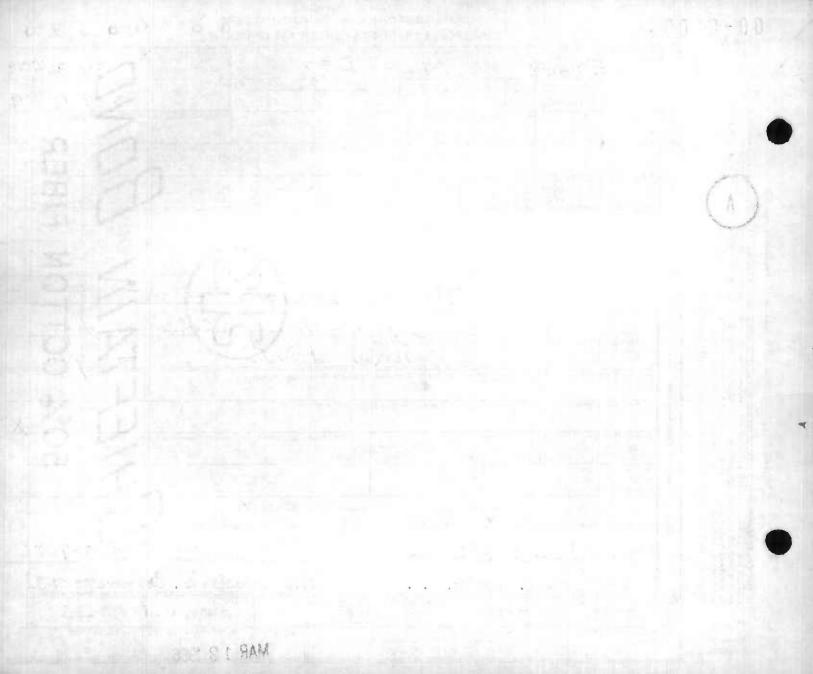
. .

dona's municipal Ann

business and address of the same and a second

	1						OF MARYLAND	42	1-	15 6	2.9	
00-0036	7 1	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE ()	REG. NO.	U	, 3	7 3
		CEASED NAME	FIRST		MIDDLE	ŧ	AST	20 DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR
ay be oge 3 death	[TYF	E OR PRINT)	100	0.7.0			DEGROUGHY		3-12-8	00		6PM M
pog pr de	3 SE	X	J.F.S	SIE 4 RACE	LEE	5. DATE C	DEGROUCHY DE BIRTH	6 AGE (INY	EARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
offe.						MONTH				MONTHS	5 DAYS	HOURS MIN.
	10.	female IRTHPLACE ISTATE ORI	ORFIGN	white	WHAT COUNTRY	2 R	uly 17,191		RE CITY OR COL	JNTY OF D	EATH	
4 18 %	1	(OUNTRY)	. 34			MARRIE	NEVER MARRIED					
-	1111	Virgi ITY OR TOWN OF DEA		NAME OF	HOSPITAL NURS	WIDOWE	DIVORCED DIVORCED	12a USUAL O	Anne A			F BUSINESS OR
- X G//	1		1	(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)		TYPE OF WOR	FOR MOST OF WORK	ING LIFE) IN	DUSTRY	
19179	JOSI	Edgewate	ING HOME OR	DTHER INSTITUTION	leasant	Liny	ing Conval	elscent	Reti	redl	NS	A
ZJ 35%	130	STATE	136. COUN	TY	13c CITY OR TO	WN	134 INSIDE CITY LIMITS?		ADDRESS / ZIP		26	105
	4	Md.	P.G	. Co.	Belts	ville	YES NO X		9 Dunn	ingto	on R	d
1 12 1/	n	ATHER'S NAME	^	AIDDLE	LAST		FIRST	AMC	MIDDLE		LAST	
1 11/30	7/	Walter		В.		oyd	Nett:	ie	L		Sm	oot
1 18 4/		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT		ADDRESS			
e o o		no	no		228-32	-0043	Walter De	eGrouc	hy smae	e Ann	lapo	lis, Md.
ficate paper noval.		18 CAUSE OF DEAT	H Enter and	y ane cause pe			. 1111				BETWEEN	MATE INTERVAL ONSET AND DEATH
2 4663		PART I. DEATH W		E CAUSE (a)	KESPI.	RATOR	ey ALRES	1			1 Mill	WED INTE
h cer ding arba or re		THE PARTY		DUE TO, C	R AS A CONSEO	UENCE OF					7	_
deat ove c tian,		Canditions, if any,		((b)_		pni	LIMONIA				> /	mys
the remo		gove rise to imr		DUE TO C	R AS A CONSEQ	UENCE OF						0
by ose		underlying cause	last	(c)_								
signed signed buria		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION	GIVEN IN	PART No	1
8 2ft E	S N											
Prio prio	CERTIFICATION	190 DATE OF OPERA	ION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTO		IF YES, WEF		GS USED OF DEATH?
hos hos	E	The United		1 43 4				YES 🗌	NO	YES	CAUSES	NO [
SICIAN: The physicion certificate tringitions of transit ential Hygie litem 18 sho	7 8	210 ACCIDENT WAS UNE		21b. TIME C	OF INJURY .M. MONTH I	DAV VEAD	216 HOW INJURY OCCU	RRED (ENTER NA	TURE OF INJURY IN ITE	M 18 PART I O	OR PART 2)	
SICIAL 3 ph 3 ph 3 certifi mol-tr mol-tr litera	¥	OR CONTRIBUTING		111	.M. MOITH	19						
Y & bus dir	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOWN		OUNTY	STATE
NG PH other th os the th and th and	Z	WHILE NOT WE	INE	(AT HOME ST	REET, FACTORY OFFICE	, FARM, ETC)	SIREE		CHIONICA			37.4.10
00 4 9 D E		22a I certify that (I)		al) ottended ti	he deceased from	1984	. 19	, to	MAL 12		86	that (I) (we) last
TEN TOR TOR Or US		saw the decease above, (1) (we) (ed alive an	MAN	12 19	86 .01	nd that in (my) (our) opiniar	death accurre	d an the date an	d have and	from the	causes stated
OR AT OREC DIREC oched to Dept. of If Item		226. SIGNATURE	did) (did nat	view the body	atter death.		DEGREE				22c DATE S	
the state of the s		SAL	11/	2. Ou	lum	K	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		8-12	-06
DSPITAL ed by t UNERAL d be det he State RTANT:		22d. PHYSICIAN'S NA	AME (TYPE OF	PRIM1)			22e ADDRESS	DIRECTOR	LI PHI SICIAIN E			8 7
O HOSPI etained to TO FUNE should be with the S		70	MIN	N TA	CKSON		1833 FDAL	ST DO	MONA	POLIS	u	D21401
TO HOSPITAL Cretained by the TO FUNERAL Eshould be detro with the State IMPORTANT: If	230	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCA		, - , -	1	
	230	(SPECIFY) Buria						CITY	ORTOWN	cou		STATE
BP	74	UNERAL DIRECTOR	1 L	3/1:			st Cemeter	Y AM	herst	GISTRAPIS	IMNe:	rst Co.
DHMH - 16 60M 7/84	1	NAME					y Ave. 250 DA	AD 4 A	1986	in Davi	dson-1	andell
(VRA 15, 4)		Hardesty	Fune	eral H	ome Ar	in. Mo	214011 M	AR 14	1300			

	00 00		FOR				STATE OF A	ARYLAND I AND MENTAL H	VGIENE	arth 4		
1	00-000	U	ATE REGISTRAR			ICAL EXA		ERTIFICATE O	F DEATH REG. N	0 6	3 3	6
	1		E OR PRINT)	IRST		MIDDLE	7	LAST	OF ESTI-	X MONTH	DAY YEAR	26 HOUR
+,	SA SESSE	3. SEX		XEL IS DA	TE OF BIRTH	I6 AGE	(IN YEARS IF UT	IDER T TR. LIF UNDER	DEATH MATED	MONTH	919 86	00/ 9 _M
	N STA		EMALE WHI	MON	JUST 8,1	YEAR LAST	BIRTHDAY) MONT		MIN PRONOUNCED . DE AD	3 -	9 86	0019
-	V CHIEN SER	FO	RTHPLACE (STATE OR REIGN COUNTRY)			AT COUNTRY?	8. MARR	ED NEVER MARRI	P. BALTIMORE CITY	OR COUNTY		
	SE S		NORTH CAROLINA	II N	U.S.A.	PITAL, NURSING	WIDOV		ED ANNE	ARUNDE	L KIND OF BU	MD
	Ser Ser Ser		ANNAPOLIS	(1)	ANNE AF	ILITY GIVE STREET ADD	SPITAL	EN INSTITUTION	MACHINE OPERATES	R F	OR INDUSTRALET	RY
	E 4210 5	3a 5	L RESIDENCE (IF IN NURSING TATE 13b	HOME OR OTHER		136 CITY OR TO	omission) NN	13d. INSIDE CITY EIMITS?	130. STREET ADDRESS CROWNSVILLE H	OSPITAL (CTR. 210	032
		14. FA	THER'S NAME	MIDD	N.E.	LAST		15 MOTHER'S MAIDE			1.00	
	# 48 46 C	16a V	ELLERY VAS DECEASED EVER IN U	IS ARMED E	OPCES?	STARLING		LAURA	ADDRES	JONE	.S	
	ALTIM APTER H FOI H FOI ISION	(4		ES, GIVE WAR OR		238-28-			, COUSIN, 940 W LEB		, MT. AI	RY, MC
	IN 24 HOUR IN ITEM 18. ALONG WI SIT PERMIT. P HYGENE, DI WOVAL.	1	1000	CAUSED BY:	JSE (a)	or (o), (b), ond (c	nel	Anchewan	in - ac	ut	APPROXIMATE BETWEEN ONSE	
	WITH WITH WITH WITH WITH WITH WITH WITH	1	Conditions, if any, gave rise to imm cause (a) stating the	ediate)	(b)	AS A CONSEQUE	03 63	- arinu	y infection	-	days	
	DAN BALL	3	lying couse last.	1	(c)		Le a wee	disord.		-	41609	
	DRDS.	z	PART 2 OTHER SIGNIFICANT COM	OITIONS CONTRIB	UTING TO DEATH B	UT NOT RELATED TO TH	E TERI G NAL DISEAS	OR CONDITION GIVEN IN PAI	RT 1 10		1	
	CEAS AND TO THE PROPERTY OF TH	CERTIFICATION	19a. DATE OF OPERATIO	N	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?			20 AUTOPSY	2
-	S S S S S S S S S S S S S S S S S S S	MIP.	216 EXTERNAL CAUSE W	745	21b TIME OF	AN II IDW	Tay 11			3,4	YES 🗌	NON
	FICATE S THE WO TO THE COULD BE CATACHT		UNDERLYING OR		HOUR A.M.	MONTH DAY	YEAR ZIC. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM.)	8 PART 1 OR PART 2	2)	
	DIVISIO WRITING WARDED T WAGE 3 SH TATE DEPA 21201 PRH	MEDICAL	214 INJURY OCCURRED WHILE NOT WH AT WORK AT WORK		21e PLACE O	F INJURY (AT HO DRY, FARM, ETC.)	ME, 21f. LO	CATION	CITY OR TOWN	COUNT	TY	STATE
_	AMINER: RIFICATE D BE FORV RECTOR: I ITH THE S RYLAND,		22a I certify that I too death resulted I ram:	k charge af th Notural cou		ribed abave, held	on Autop	, Homicide .	Undetermined monner	and in my apini	ian	
•	A A BECEN		ACTUAL SIGNATURE		5 650	inch	M	TITLE (SPECIFY) .D.	MEDICAL EXAMINER	DATE SIGNED_	3-9-	28
	MEDIC ECUTE 1 GE 4 ST FUNER 11PM DEA		EXAMINER'S NAME Ja	mes E.	Wheele	er, M.D.		ADDRES 1116 GU	mbottom Rd. Cn	ownsvi	Ue 210	032
07:		(5	JRIAL, CREMATION, REMO PECIFY) BURIAL	3/	12/86			RY CRY	23d LOCATION SURRY, NOR	TH CARC	OLINA ST	ATE
250	DHMH - 17 (VR A15 ME (5))	24 FI	NERAL DIRECTOR	JONES-	PHILLIPS	FUNERAL H	OME		REC'D. BY REGISTRAR 256 REC	SISTRAR'S SIGI	NATURE	
	(AK WID ME (D))		P.O. BOX 10	الاس والا	ALKY, NU	KIH WARULII	H	N	IAR 1 2 1986	- my wine	som Ban	date



		Item Pa	art #2 3/	11/86 mtb		STAT MENT OF H		ARYLAN		YGIEN	F					
065001	1	= STATE REGISTRAR				EXAMINE	R'S C	ERTIFIC	CATEO	F DEA	THO	REG.	0 0	5 5	9	1
000004.		DECEASED NAM	AE FIRST		MIDDLE			LAST			2a. DATE	KNOWN	MON	uary 28	YEAR	IZE HOUR
# # # # # # # # # # # # # # # # # # #	- '	TYPE OR PRINT)	CYNT	HTA	LEE		DI	CKEY			OF DEATH	ESTI- MATED	Febr	uary	10 86	
A CHARLES	3. 5	EX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEAR	IF UN	DER I YR.	IF UNDER	24 HRS.	2c DATE		MON	TH DAY	YEAR	2d HOUR
GESSARY, PLE VERAL DIRECTO COR YOUR FILL MILHIN 72 HOUR PLEJON STRE	E	EMALE	WHITE	FEB.6,1	YEAR PA 2	24 YRS		S DAYS	HOURS	MIN.	PRONOUN		oruar 2	28	19 86	10:4
SSAR		BIRTHPLACE	STATE OR	76. CITIZEN OF WI					VER MARRII	50 🗆	9 BALTIM	ORE CITY	OR COL			I I M
NEGESSA FUNERAL 5 FOR Y 7 FOR Y	2	BALTIMO	MARYLAN	U.S.	Α.	40 00	WIDOW	43	DIVORCE	-	Anne	Arun	nde1	Count	tv	***
IS N EE FU	119.	CITY OR TOWN		II. NAME OF HOS	PITAL, NU				TION	12a. USU	AL OCCUI	PATION I		RK 12b K1	IND OF BU	SINESS
E PAH PAH	4	Glen Bu	rnie	North A	_	-	ital				LING		<		STON T	
SEASON S				E OR OTHER INSTITUTION, GI	VE RESIDENCE		٧) .	13d INSIDE C	ITV HADTCO	lia crns	ET ADDRE		-		5 - 1	ING
SE SERVICE SE	2	MD.	A.			BURNIE		YES [NO X				Club	Dr	2106	61
SA PARTY B	n	FATHER'S NAM		WIDDLE		LAST		15. MOTHE	ER'S MAIDE			NIDDLE	O.L.O.		LAST	
PETER E	71V	ROBER	r	C.		LSON			OTHY		M	M.		NA	GEL	
N OPACO	1 160	WAS DECEAS	ED EVER IN U.S. A	ARMED FORCES?	16b. SO	CIAL SECURITY	NO.	17. INFORA	THAN	(I	lusba	nd PDRE	SS			
ALT ALT ANGE ASIO	/ L	NO	//	/////	210	6.86.52	50	Mr.	Dwayne	e S.	Dick	ey S	Same	as 1	3	
SE S		18 CAUSE	OF DEATH (Enter	anly ane cause per line	far (a), (b), and (c).)				C.W.				BET.	APPROXIMATE	INTERVAL
AND THE	1 5	PARIT	DEATH WAS CAUS	SED BY: IATE CAUSE (a)	Multi	ple in	jurie	es			-0.3					
SEATON OF		810	0		AS A CON	SEQUENCE O	F									
THE SURE AND A STREET			ans, if any, which							-						4117
W WENT			a) stating the <u>under</u>	DUE TO, OR	AS A CON	SEQUENCE OF	F					1		50	- 0	
S EN SANOR				(c)						12						
DOG DOG NATIONAL MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAIN				NS CONTRIBUTING TO DEATH		ITEO TO THE TERMIN	AL DISEASE	OR CONDITIO	N GIVEN IN PAR	tī 1 iai,						3
L RECORDS ULD BE SEE "PENDING EF MEDICAL HEAT HEAT ALL AL CRE	NOT VOIS NOT	Ac		nchial asth												
AL M	/ 2	IVO. DATE C	FOPERATION	19h CONDI	ION FOR	WHICH OPERA	TION W	AS PERFOR	MED?					20	AUTOPSY?	1
DIVISION OF VITAL RE HIS CERTIFICATE SHOULD WRITING THE WORD "PE ARDED TO THE CHIEF NA AGE 3 SHOULD BE USED A AGE 3 SHOULD B AGE		21a EYTERN	IAL CAUSE WAS	21b. TIME OF	INTILITY		121. 140		0.000				10		YES 🔀	NO 🗌
TENE LE CALLE			G DOR	HOUR XX	MONTH	DAY YEAR			OCCURRE							
SION TO		CONTRIBUT	OCCURRED	F DEATH 9:45M		28- 1986	Dr11		f truc	ck/au	ito co	ollis	sion.	-		
S CERTINE S CERTIFICATION OF CERTIFICATI	2	WHILE		STREET, FACT	ORY, FARM, E		ST	REET	7		CITY OF TO		2	COUNTY	. 2 . 2	STATE
F . 3 & F 0	Next	ATWORK	AT WORK	ro	ad		_		Aquaha	art F	ka.		Anne	Aru	naeı	MD
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WALK THE S		22a I cer	tify that I taak cho	arge of the remains des		400	Autops	y X	Inspection	L.,	Inquiry	L.,	and in my	apinian		
WE HOLD THE	201	death resu	Ited Irom: Na	tural causes 🔲,	Accident	X , Suic	ide 🔲.	Hamic	ide .	Undete	rmined mo	onner],			
EXA CERT WAR		ACTUAL	MA	Tak la		1		TITLE (S					DA	IF 2	1 00	
SATE SATE	17	SIGNATURE	110	1/1/		_	M.	D. ASS	istant	MEDI	CALEXAM	AINER	SIG	NED 3	-1-86	
TO MEDICAL EL EXECUTE THE OPAGE 4 SHOUL PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, N	1	EXAMINER'	S NAME ATT	M. Dixon,	M.D.			ADDRESS_	111 I	Penn	St.,	Balt	0.,	MD :	21201	3
522548	230	BURIAL, CREM	ATION, REMOVAL	23b DATE	23c. 1	NAME OF CEM	ETERY OF	CREMATO	ORY	23d LO	CATION		C	OUNTY	ST	ATE
07/B4 BP		Buri		Mar. 5.19	86 .C	edar Hi	11.C			Brox	oklyn	Park	C A	A Co	o. Me	d.
DHMH - 17		FUNERAL DIRE	X19	ADDRESS.	-				250. DATE R	EC'D. BY					TURE CONCLETE	
(VR A15 ME (5)))	Singlet	on Funer	al Home G	len E	Burnie,	Mary	land	MAR	4	1986	1			- Proper	

		- 1						STATE	OF MARYLAND					
00-	00088	8	- 5	OR TATE EGISTRAR			DEPART	.,	CATE OF DEATH	GIENE B	REG. NO.	0 6)	98
		1			FIRST	M	IDDLE	LA	.ST	20. DATE OF		H DAY	YEAR 2b. F	HOUR
	oth 3		TYPE OR	PRINT)	UDRI	EW	W	Di	etrich		02.	-28-K	186 6	:00PM
	poge 3	3	SEX	, ,	4. RA	CE		5. DATE O	F BIRTH	6 AGE (IN YE	ARS LAST BIRTHDAY		RIYEAR IFU	NDER 24 HRS
10	ge 4 n		FE	MALE	U	UHI	TE	MONTH O6	- 24 - 1913		72	YRS.	DAYS HOL	JRS MIN.
	Pog dir hour	167		PLACE (STATE OR FOR	EIGN 76 C	ITIZEN OF V	VHAT COUNTRY	8.	NEVER MARRIED	9. BALTIMOI	RE CITY OR CO	UNTY OF DE	ATH	_
	death. I		NE	W YOR	w Chi	CHILL	SIPHES	WIDOWE		Ann	JE_	HRUN	SOEC	O.MD.
	ed the	1		OR TOWN OF DEATH			OSPITAL, NURSI		R OTHER INSTITUTION		FOR MOST OF WO		KIND OF BU	SINESSOR
5	by the filed v	DC:	SE	BNOOD	Ex 5		THUGE			Hous			MOT	HER
212	be a	57	JSUAL F	RESIDENCE (IF NURSING	HOME OF OTHER	RINSTITUTION C	THE RESIDENCE BEFORE	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET A	ADDRESS -	101	2	70
Q.	filled ould h	15	W	101.	A.P		ARNO		YES NO	- 57		TAUG	UAF	W.
RYL	within etely d 2 sh	7	4. FATH	ER'S NAME	WIDDFI	E			15. MOTHER'S MAIDEN N.	AME	MIDDLE	~	LAST	
WA	omple ond ond	10	1	DUPE	as		LBA		Lilly				BA	
ORE,	o p	, 1		DECEASED EVER IN	U.S. ARMED		166. SOCIAL SEC		17 INFORMANT	M .	ADDRESS			sua rel
IWC	s. Pog			NO			264-60	-4059	HORACE	DIET	SICHI	ARADUT	y ma.	21012
BALI	sicio pers		18	CAUSE OF DEATH	Enter only and	e cause per l	line for p), (b), a	nd (c)			, 1		APPROXIMATE	AND DEATH_
ST.,	¥ 211				AMEDIATE CA		Leco	my	Harcomo	L Re	ivis		2 3	ears
NO	the Barbara					DUE TO, OR	AS A CONSEPT	JENCE OF	T- T	1 1		Mary Mary	3 ge	aus_
EST	deoth mend orion			onditions, if ony, v		(b)	met	0210	ue is	ava	omen		0	
× .	2 211			ouse (a), stating		DUE TO, OR	AS A CONSEQU	JENCE OF						
7 10	thot dest sol, or oth		-			(c)								
05, 2	signe signe hen pl na bur			ART 2. OTHER SIGNIF	EICANT CONE	DITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASI	OR CONDITION	ON GIVEN IN	PARI IIo	
RECORDS	recent in Til	-	OTA I	DATE OF OPERATION	ON T	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 201	. IF YES, WER	E FINDINGS	USED
REC	See S	%	CERTIFICATION	DATE OF GREAT	6.1	112. 00.101.				YES 🗆	NO NON	CERTIFYING		DEATH?
ITAL	The te hasit		21	a. ACCIDENT WAS UNDER	LYING	21b. TIME OF			21c. HOW INJURY OCCU					
OF V	4 4 10 E			R CONTRIBUTING CA				DAY YEAR	The state of the state of					
NO	PHYSICIA ending ph this certifi ne burial-th ad Mental		~	d. INJURY OCCURRE		P.A 21e PLACE C	OF INJURY		21f. LOCATION				UNTY	STATE
NOISION	1 6 5		X .	WORK NOT WHILE		(AT HOME, STRE	EET, FACTORY, OFFICE	, FARM, ETC)	STREET		CITY OR TOWN		IONIT	SIAIC
ō	Or or of Afr			0.1 certify that (I) (+	his hospital) a	ottended the	deceased from	Ja	n 19 80	2 , to	-el- 2	7 199	a, that	(I) (we) last
	TTEN pitol TOR: for us			saw the deceased	olive on	Fels	26 19	F-300 /	d that in (my) (out) opinio	n death occurre	d on the date a	nd hour and f	rom the caus	es stated
	R A hos		27	above, Il Iwelidie	e did not se	The book	I I I I I I I I I I I I I I I I I I I		DEGMEE			23	L DATE SIGN	VED
	7 5 0 50 F		9	(will	1 1111	DA	hrer	N	ATTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN		3-4-	86
	AP St e Es		22	d. PHYSICIAN'S NAM	AE LTYPE OR PRIN	(1)		-0	220. ADDRESS		1		40	21146
	FU FU			CORNET	-(A)	N. L	XETTN	IER	1277 644	EN	recy i	DR, An	INAPO	115
	reto TO sho		230. BUF	IAL, CREMATION, RE	MOVAL 23	b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCA	TION	cour	ııv	STATE
	BP			EMATIO	2 0	73-04	1-198611	ESTU	EW CEM.	WE	STVIEL	NP	PAT G	. Md.
-	DHMH - 16 50M 4/E	32		ERAL DIRECTOR		50	Rite	JHE	Huy. 250. D	ATE REC'D. BY R	EGISTRAR 25b.	·	St. cat	E-LIVE P
	(VRA 15, 4)		THE	BARRAN	co Fit	1.58	WEEVA	FREK	Md. 214 JAK	7075	o guia	Davidson	Mandall	60 # 1

TEMPLE DIFFE TO STITULE BURNET DESCRIPTION OF THE PROPERTY OF THE WORLD Hambig Paris Selection 1997 And the Selection of the Selection 1997 And the Selection 1997 ACID ARE SULLY THE DRIVERS

A Service Dismost blown Loon Singtwork PER X Linguis BL OA DA Larroy In Dissing Charge Flizabeth House 1 85 OF WAR IN 186 OF WAR I LEW OF THE DISTRICT SHIPS Low Lot I Was I was I had yet AV southers the water with alle sites amon langer to be southered to

Annabelie Anne Arundel Davidsonville 3527 Jakestown Hoad

John John J. Iriscell, in thora Cline

Yes wall 577-0-2750 Thicks of Davidsonville, Tricis of the Strictsonville, Tricis of the Strictsonville, Tricis of the Strictsonville, Yo.

X

Furial V. 2/86 Marylane Veter no Cem. Uncltenha F.G. Maryland ClaC (men hill Ro. 610 Con hill Ro. 62 Kilk] 4 Kilk] 6 Kilk] 7 K

		KENNETH TOUS	FY	STATE OF MARYLAND		
18010-00	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	06001
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MONTH	OAY YEAR 2b. HOUR
oy be deoth	(TYPE	ORPRINT) KENNET	H J.	DUFFY	3	9 84 1155 AM
1 Sold sold sold sold sold sold sold sold s	3. SE.		I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
oge 4		MALE	WHITE	02-19-1932		RS
Some Poor Poor Poor Poor Poor Poor Poor Poo		RTHPLACE (STATE OR FOREIGN TOUNTRY)	LUTED STATE	MARRIED NEVER MARRIED	ANNE AR	INDEC CO. MD.
r de for	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR.		128 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5 5 5	15	EUFRNA HARK	452 FAIRLA		ACTUARY	CONSULTING FIRM
212	USU	AL RESIDENCE (IF NURSING HOME OR COTATE 136, COUN'	THER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	130 STREET ADDRESS / ZIP C	CODE .
2 1 1 10	5	Id. A.		A BOK YES NO D	452 FAIRIAN	
YLA	14. F/	THER'S NAME FIRST M	NIDDLE LAST	15. MOTHER'S MAIDEN N.		I AST
MARYLL ed within mpletely make a	1	FIRST	, tasi	FIRST	Middle	,
d col		VAS DECEASED EVER IN U.S. ARA		CURITY NO. 17 INFORMANT	ADDRESS	
MORE, n ond or Poges 1	1	YES, NO OR UNKNOWN) (IF YES, GIVE	FRON WAR 029- 2	3-9235 ELLA WOF	FY (SAME	AS 13)
ALTI		18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b),	ond (CV)	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtificote physicion on poper emovol.		PART I. DEATH WAS CAUSED	BY: CAM		6	
N S S S S S S S S S S S S S S S S S S S		none provide	DUE TO, OR AS A CONSEC	DUENCE OF		
reston deoth ce offendin nave corb offen, or r		Conditions, if any, which	(b)	ROEIVEE OI		
he d he of emon moti		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
by the ose rei		underlying couse lost.	(6)	JOENCE OF		
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within a fortential physician on completely limited the this certificate has been signed by the ottending physician and completely limited as the buriol-transit permit. Then please remove corbon papers. Pages 1 (Prid 2 storing that and Mental Hygiene prior to buriol, cremotion, or removal.		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
RDS,	N N					
ECON Deer Tart.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
he lo on. hos hos ows	Ĕ				YES NO	YES NO
ON OF VITAL RI IYSICIAN: The ld ding physicion, as certificate hos buriol-tronsit per Mental Hygiene Ar Item 18 shows	1 🗑	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR 21t HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
N OF VI	¥	OR CONTRIBUTING CAUSE OF DEAT	in	19		
PHYSICIAN: ending physic this certificat the buriel-from ad Mental Hysi	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
VISIG G Ph offen ond ked o	2	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	E, FARM, ETC)	1 1	
O O O E		220 I certify that (I) (this hospit-	ol) oftended the deceased from	n(985,19		, that (D (we) lost
R ATTEN hospitol RECTOR: hed for us ept. of He		the deceased alive on above (1) (Ne) (did (did not	2 3/1/8 6 15	, and that in (my) our) opinion	n death occurred on the date on	d hour and from the causes stated
OR A e hosp DIREC Dept.		17h SIGNATURE)	DEGREE		22c DATE SIGNED
0 0 0 20 7		14) (1040)	w	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	3/10/53
SPITAL to by 1 UNERAL J be det he Stote	1	224. PHYSICIAN'S NAME (TYPE OF	PRINT)	22e ADDRESS		
DH I I I I I I I I I I I I I I I I I I I		SIWA	TKINS	51 FRANK	JIN ST. ANNI	APOUS Md. 21401
0 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	230	BURIAL, CREMATION, REMOVAL	23b DATE 2	RENAME OF CEMETERY OR CREMATORY	23d. LOCATION	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
BP	0	SE MATTAL	03-10-861	DESTUREN CEM	CITY OR TOWN	Brilt Co mil
	24 F	UNERAL DIRECTOR	SOIRIT	250. D/	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	TH	& Bangan F	A SELEPHIA	POOR MA SILVICAD 183	7 1000 Julia Dev	don-honous
(,	111	T OUKBLING I	D. JUCKNII	THE THE WITTE	150	

The course of the STREET AND STREET STREET SHIEL TO SHEVER IN THE STATE OF

1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 6

0	6	6	EST	2
			-	-

		NEO IO INIAI					REG. NO.				
	JACQUELINE		BEATRICE		EATON		20. DATE OF DEATH M		YEAR	250 AM	
4							MARCH 16, 1986			250 AM	
	1 5EX		4 RACE		5. DATE OF BIRTH		AGE TIN YEARS LAST BIRTH	DAY) IF UNDE	RIVEAR	IF UNDER 24 HRS	
- 11	FEMALE		WHITE		MONTH DAY YEAR		ACE (IN TEAMS CAST UNITY	MONTHS	DAYS	HOURS MIN.	
					DECEMBER 26,1914		71	L YRS.			
1	O. BIRTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?		MARRIED MEVER MARRIED		BALTIMORE CITY OR COUNTY OF DEATH			,	
5		ARYLAND	USA		WIDOWED DIVORCED		ANNE ARU	INDEL CO	JNT		
-	10 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSIN				120 USUAL OCCUPATIO	N 12h	KIND	MD. OF BUSINESS OR	
1		GLEN BURNIE	WORTH ARUNDEL				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			OF BUSINESS OR	
							HOMEMAKER OWN HOME				
	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS			13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	ZID CODE			
3			A CO. PASADEN			YES NO X	206 Sillery Bay Road 21122				
					15 MOTHER'S MAIDEN NA						
E			THURN		JOSEPHINE		MIDDLE				
							F.	(U	(UNKNOWN)		
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO			17 INFORMANT (Husband) ADDRESS					
			V/A 217.32.87			MR. WILLIAM T. EATON SAME AS 13					
20									IMATE INTERVAL		
		PART I. DEATH WAS CAUSED BY.			Dudici, el 11			8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE (0)			thingic sport				6	, ens	
			DUE TO, OR AS A CONSEQUENCE OF							1	
		Conditions, if pny, which	(b)	Ruptwed Alderinal Actic				Se!	8 LW5		
		gove rise to immediate couse (p), stating the	3005 70 0	AS A CONSTRUCT OF		.4					
		underlying cause lost.	DOL TO, OK AS A C			CONSEQUENCE OF 190 Engs m					
			(c)						_		
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11D									
	CERTIFICATION		100								
	V	190. DATE OF OPERATION 196 CONDITION FOR WHICH C				N WAS PERFORMED		20b. IF YES, WERE			
	III.	3/16/86	3/16/86 Avotries			I An we am YES I NO IN			UN CERTIFYING CAUSES OF DEATH?		
	ER	210. ACCIDENT WAS UNDERLYING	216. TIME O			21c HOW INJURY OCCURR			PART 2)		
	MEDICAL C	OR CONTRIBUTING CAUSE OF DE				THE STATE OF					
		(IF EITHER NOTIFY MEDICAL EXAMINER			19						
		214 INJURY OCCURRED	21e. PLACE (OF INJURY REET, FACTORY, OFFICE F	FARM, ETC)	211 LOCATION	CITY OR TOWN	v cou	YTY	STATE	
		AT WORK NOT WHILE									
		220.1 certify that (I) (this hospi	tol) ottended th	e deceosed from_	2/	16 19 96	_, to _2/10	193/		that (I) (we) lost	
		sow the deceased alive on		19_4	46 on	d that in (my) (our) ppinion o	leath occurred on the date	e and hour and fr		((/ - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / / / / / / / / / / / - / - / / / / / / / / / / / - / -	
1	II. Fe	above, (I) (we) (did) (did no	t) view the body	ofter deoth		250000					

BP___

DHMH - 16 60M 7/B4 (VRA 15, 4)

(SPECIFY) BURIAL

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) BURIAL March

CONSTANTINE J. PADUSSIS, M.D.

236 DATE 236 NAME OF CEMETERY OR CREMATORY
March 19,1986 Druid Ridge Cemetery

23d LOCATION
CITY OR TOWN
Baltimore

GLEN BURNIE, MARYLAND 21061

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN STAFF
ESS 500 EMPTRE TOWERS, 7300 RITCHIE

COUNTY STATE MD

Singleton Funeral Home

Glen Burnie, Md.

22e ADDRESS

250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1986

(VRA 15, 4)

ctober 2,,14

And the state of the other columns.

The state of the s

and make the state of

100 March Indiana (201 days) (March 100 days) (September 100 days)

10.00

Georgie J. Gonce 4001 Ritchie Hgwy Balto Md

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE WARRY CO., LANSING MICH.

Sense of the sense

ARREST CONTRACTOR AND ARREST ARRES

Market Committee Committee

The state of the s

DE COMPANIO DE COM

CALLS STATEMENT OF THE COMMENT Talifferentia. D. U. M. Late was a County Selected Condu Bondy Rd. Anne Arundel-tra prick x ... 406 Harber Drive-Placs Tresors P. Mawelly Larding and Local Resort bach activity State-reduced above a Alleria-State 3/3 :/ s west on Co. otor, Bolltimore, Maryland Light merol Englished. 736 2 mm son Aug. Lotentobille, No. 21226 and Leville

	Item 18 per letter 9 FOR STATE	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI	ENE 8 6 0	6607
00-010/0	REGISTRAR DECEASED NAME FIRST TYPE OR PRINT) Vera	MIDDLE	cate of DEATH	REG. NO. 20. DATE OF DEATH MONTH DAY 3 19	
anoy be 3 offer death	SEX 4. RACE	Real	BIRTH YEAR	6. AGE IN YEARS LAST BIRTHDAY) IF	MUNDER I YEAR OF UNDER 24 HRS. NIHS DAYS HOURS MIN.
1 22 /3	BIRTHPLACE (STATE OR FOREIGN 76. CITIZ	ZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	F DEATH MD.
P he filed with	ort Meade K1	ME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL	OTHER INSTITUTION	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY
AND 24 Filled Dould b	SUAL RESIDENCE (IF NURSING HOME OR OTHER IN) 30. STATE MD. AACO.	130. CITY OR TOWN Annapolis	13d. INSIDE CITY LIMITS? YES NOX	13. STREET ADDRESS 102 1st Greenwo	od Acres #2140
omplete ond 2	Henry WAS DECEASED EVER IN U.S. ARMED FO	Shubert	Eleanor 17. INFORMANT	AIDDLE	hives
be exect by on ond on ond on ond one	18. WAS DECEASED EVER IN U.S. ARMED PO 1455. NO OR UNKNOWN] (IF YES, GIVE WAR OR	152-16-5216	John Flieger	102 1st Steet Gr	reenwood Acre
RECORDS, 2D1 W. PRESTON SI not requires that the death cert not been signed by the attending permit. Then please remove carbon ne prior to burial, cremation, ar re- ws any injury, or other troumatic e-	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	E TO, OR AS A CONSEQUENCE OF (b) E TO, OR AS A CONSEQUENCE OF (c) IONS CONTRIBUTING TO DEATH BUT N DISC. Decubitus Uice CONDITION FOR WHICH OPERATION		NAL DISEASE OR CONDITION GIVEN SODE 15 200 AUTOPSY? 200. IF YES, WIN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
2.5 5 5 5 7 7 7	OR CONTRIBUTING CAUSE OF DEATH	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY	21c. HOW INJURY OCCURR	YES NO YES ED (ENTER NATURE OF INJURY IN ITEM 18, PART)	
orked or	AT WORK AT WORK	HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
O HOSPITAL OR ATTENDI toined by the hospital or O FUNERAL DIRECTOR, a mould be detached for use in the State Dept of Head	228.1 certify that (I) (this hospital) attended to sow the deceased alive on above, (I) (we) (did) (did not) view to 228.5 IGNATURE 228.7 PHYSICIAN'S NAME (TYPE OWRINT) ASSENTED TO SEPH D. Zeligs	he body ofter death. 19, onc	EGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN aryland #20755	
BP	SO BURIAL, CREMATION, REMOVAL 23% OF STREET	25/1986 STANHOL	METERY OR CREMATORY PEUNION CAM 250. DATE	REC'D. BY REGISTRAN 256. REGISTRAN DO 7 1096	. 80

te effiliation of

Inflement Minoration Inflement Adjusted Section 2011

Sent Sommer State of Total Control Con

Tarkingons Disease, Occupitus Ulcan - Cossible Sepats

the transfer see the second of the second of

V

The state of the s

Logher Downer Course Himmoure to Be well the will be

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 2g. DATE OF DEATH MONTH TYPE CHI FRIENDS 1.5EX AGE LIN YEARS LAST BIRTHDAY 5. DATE OF BIRTH YEAR Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH CHILD'S DEFOREIGN NEVER MARRIED MARRIED WIDOWED QTHER INSTITUTION NAME OF HOSPITAL, NURSING HOME OR THAT HE STEEL AND STREET NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP COD NO [ATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE 17 INFORMANT F. Hndreada 8 CAUSE OF DEATH (Enter only one cause per line for w). It PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting DUE TO, OR AS ACONSEQUENCEOF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM ETC | STREET NOT WHILE WHILE AT WORK 22a.l certify that (1) (this haspital) attended the deceased from sow the deceased olive an abave. (1) (we) who did not view the body after death. and that in (my) (gur) apinion death accurred on the date and hour and fram the causes stated 77h SIGNATUR DEGREE ATTENDING MEDIC AL PHYSICIAN D-OTRECTOR PHYSICIAN 734 PHYSICIANS MADESTING CHAINS 22# ADDRESS

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

77L DATE SIGNED

YES T

26 HOUR 07

IF UNDER 24 HRS

IF UNDER LYEAR

DATS

126. KIND OF BUSINES

BETWEEN ONSET AND DEATH

NO [

STATE

CONTRACT OF THE PARTY OF THE CONTRACT OF THE C Elementary December 1981 and the second seco ENGLISHED . SINCE LONG LONG LINES , WIT TO THE LONG General Mark Lower -Cherry It mayor -Hite tolin 1 contage Coyon Lesamellograph to rete to a little some some I be more Can all Edges of proper level of Stilling I - will The selection of the stay of the selection of the selecti

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST YPE OR PRINT! A 0 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH SEX 4 RACE MONTH YEAR ACK 04 16 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED South WIDOWED DIVORCED CARCHIDA NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! HNNAPOLIS COUVALE SCENT Teacher E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION SUAL RESIDENCE (IF NURS TH COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE WAShington YES 1 NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES IAL SECURITY NO (IF YES GIVE WAR OR DATES) THE NO OR UNKNOWN 18 CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0), Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITION'S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICAT 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN JAT HOME STREET FACTORY OFFICE, FARM ETC) ORK NOT WHILE 220 I certify that (I) (this hospital) attended) the deceased from sow the deceased glive on 14 and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated obove, (I) (and I did not! view the body ofter death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PR 22e ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

INDUSTRY

2h HOUR

126 KIND OF BUSINESS OR

NO [

STATE

nd,

COUNTY

COUNTY

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORT

230 BURIAL, CREMATION, REMOVAL

FUNERAL DIRECTOR

23b DATE

FOR

emetery 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

CITY OR TOWN

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF REALTH AND MENTAL HYGIENE

8	0		0	6	5	-	U
	REG. N	10.					
FOFD	FATH	MONTH	DAY	YEA	R 21	HOUR	- D

1.	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.	0 0	1 0
	CEASED NAME	FIRST	N	NIDDLE		AST	20. DATE OF DEATH			26. HOUR P
		tie	J		Fr	ance	Mar	ch 19, 1	986	7:30 _m
3. SE		4.	RACE	Dec 1	S. DATE C		6 AGE IN YEARS LAST	BIRTHDAY) IF UNE	DER T YEAR	IF UNDER 24 HRS HOURS MIN.
	Female		White	:	May	18, 1911	74	YRS		
	IRTHPLACE (STATE OR FO			WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
D	eal!s Isla		-	ISA	WIDOWE	DNORCED [Anne Ar	undel		MD.
	len Burnie	TH 1	CIE NOT IN SUCI	OSPITAL, NURSI FACILITY, GIVE STREE OPEST S	T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Waitress		b. KIND OF IDUSTRY	BUSINESS OR
13a.	AL RESIDENCE (IF NURSING STATE aryland	NG HOME OR O'		GIVE RESIDENCE BEFORE THE CITY OF TOVE Glen But		HAR INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS	s/zipcode st Street		21061
14.F/	ATHER'S NAME	w/s	DEGLE .	(A)I		IS MOTHER'S MAIDEN NA			LASE	
1	Frank		MANA.	Vetra		Margaret			Ander	rson
	WAS DECEASED EVER IN		ED FORCEST	166 SOCIAL SEC	URITY NO.	17. INFORMANT	100	RESS		
1	No	Ca All Court	www.com.bressor	215-09-	4006 A	Ann Keeney,	Same as 13			
CERTIFICATION	Conditions, if ony, gave rise to imm count (a), stating underlying count PART 2 OTHER SIGN. The DATE OF OPERATION	ediate the lost	DUE TO, OF	H - Chri		ronchity; O	Unic hy TES NO	2 Lleng 2 DN H SES, WEIN CERTIFYING YES []	RE FINDING CAUSES O	
CAL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	AUSE OF DEATH	HOUR A./	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I C)R PART 2)	
MEDI	21d INJURY OCCURRI	E \square	218 PLACE (OF INJURY BET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR	TOWN C	COUNTY	STATE
	220.1 certify that (1) sow the decease abave, (1) we) (di		7//		86 , or	, 19 / 19 / 19 de that in my (aur) opinian	to			
-	Dennés 22d. PHYSICIAN'S NA	4. A	multa PRINT)	us.		A ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF	3/20/	186
	Dennis	Smith	, M.D.			3455 Wilkir	s Avenue,	Baltimore	e, MD	
23a. I	BURIAL, CREMATION, E	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	1,000	INTY .	STATE
	Burial		March	22,86 M	eadowr	idge Mem. Par		-	vara	MD
74 E	LINERAL DIRECTOR					25a D A I	E DEC'D BY DECISTO	DITCH DECISTO AD'S	SECNATE	DE

James S. Kirkley, Glen Burnie, MD



STATE OF MARYLAND

ATTENDED THE STATE OF THE STATE

Jenia Teningl Jenia . 10

106 mariag-german adl

OF HE RESTORY LETTERS IN THE STREET

The same of the sa

THE PROPERTY OF THE PROPERTY OF THE PARTY OF

Cambrel Passengi Pervices Salla Corres. VA ... No. 1 all all con

TIME HEY TOU

Pasadena, Md. 21122

DHMH - 16 60M 7/B4 (VRA 15. 4)

McCully Funeral Home

YINDO ENERGY SING

TISSUE NORTH ANDREAS CONTRACTOR CONTRACTOR

Tropic and sword doured 1917 X ... glans, with Language onne on a con-

a visit at mineral selection and the late of the late

JANUE J. SENDATE, M.D. 1111 SVINIL, MARKINED 21108

w to a laboure was started to be a great as the very mail of a started to SALE SALE MORNING VOICE IN TARK ALL ...

(VRA 15, 4)

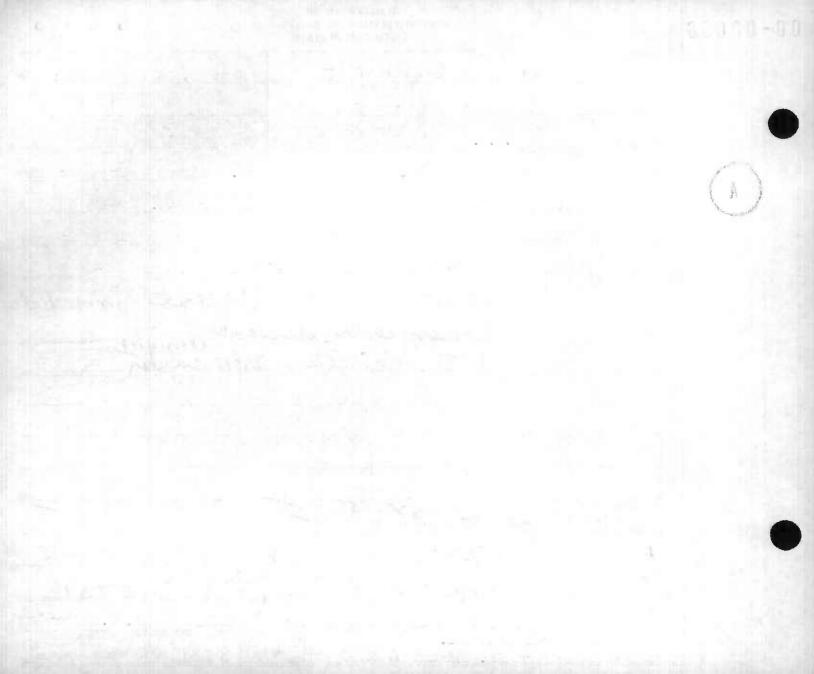
STATE OF MARYLAND

070121	1.	FOR STATE	DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENES O	0 6	Ó	14
O. COTOT		REGISTRAR			ICATE OF DEATH	REG. NO			
X		CEASED NAME FIRST	MIDDLE	-	AST	to Bale of Beatt	MONTH DAY	YEAR	2b. HOUR
1 15 %		Jose	CPH John	(-	gannon		ARCH 5	1986	2323 PM
0 00 1	3. SE)		4. R,* CE	5 DATE C		6. AGE (IN YEARS LAST BIRTH	MON	THS DAYS	IF UNDER 24 HRS
4 000	M	ale	Walte	Marc	20 60-		YRS.		
of Pa		RTHPLACE (STATE OR FOREIGN DUNTRY) New York	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OF	•		MD
1112/		rt Meade	11. NAME OF HOSPITAL, NURSING INFO THE STREET KACH	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE COMPANY		126 KIND O	Army
24 190		AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS? YES NO	12415 Sarah	Lane,	Bowle	, Md.5
4 16 16 16 16 16 16 16 16 16 16 16 16 16	14. FA	John	Joseph Ganasion		Mary FIRST	^i'Lyn		LAS	ST
and cold	16a. V	VAS DECEASED EVER IN U.S. A	2-1945 130-12-		17 INFORMANT Marianne Gan	non -12413 L	ane, Bo	owie N	4d. 207
he death certificate he attending physici mave carbon paper mation, or removal, ritasimatic event, th		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	ENCE OF	1 10000			School School	hours
hat the transfer of transf	TIFICATION	underlying cause last.		ICROS		(1011)			
1 1117		IN DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	YES NO	20h IF YES, V IN CERTIFYIN YES [NG CAUSES	
CLAN TI	AL CERT	21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING. CAUSE OF D (IF EIDER, NOTIFY MEDICAL EXAMPLE	HOUR A.M. MONTH D	AY YEAR	TIC HOW INJURY OCCU	RRED (ENTER HATURE OF HIGH	EV IN TIOM, IB, PART	1 OF PART 2)	
G PHYS otherdam er this o to the bur to and Me	MEDIC	ZIE INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, PACTORY, OFFICE,	FARM, ETC.)	211 (OCATION STREET	City Oil TOV	VH3	COUNTY	STATE
TENDEN mal or o TOB. Att	-	22s.1 certify that (1) this hospital attended the deceased from 26 19 50 to 3 HAK 19 6 that (1) (we) lost saw the deceased diver on 5 HAK 19 50 and that in (my lour) opinion death accurred on the date and hour and from the causes stated above (1) (we) spiriol, siew his body after death.							
At OR A the host At DREE Setoched one Dept if it hem	0	The SIGNATURE	Mauri no		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	TAN X	5 DATE	HAR 86
O HOSPIT Planned by TO FUNES Phould be seen the Ste with the Ste		M.A. Sauri			Kimbrough	Army Hospita	1, Ft.	Meade	e, Md.
₽	23a	Burial O			cemetery or crematory on National C	em Arlingt	on. Vi	rgini	IIAII Q
	34.5	UNERAL DIRECTOR	ROAU 16000, A			ATE REC'D. BY REGISTRAR	250 REGISTRA	RSSIGNA	Gardelli-

AFER A CONTRACT OF THE STATE of the s les York American and the commence of t Maryland, Prince Series 1981 | 1981 | South South 1981 a transfer and the second second FREELY, LANGE OF FREE J. S. STERNEY the state of the same and described The state of the s a displace of the control of the con

066169	- 9	OR STATE REGISTRAR			DEF	ARTMENT OF	TE OF MARY HEALTH AN FICATE OI	D MENTAL HYG	1117014-157	0	6	6 1	5
2 Table		ASED NAME	EPRST 4	RACE	AIDDLE	GAI.		ton	20 DATE OF DEA	3-	1-	86	Ph HOUR
1 100 1 100 8 1 100 8 1 100 1 1 1 1 1 1	7a BIRT	Female HPLACE (STATE OR F	FOREIGN 7b	White CHIZEN OF VU.S.	WHAT COUN	MARR	. 21.	1911 R MARRIED DIVORCED	75 9 BALTIMOREC Anne A	TY OR CO			HOURS MIN
	FS	OR TOWN OF DEA	rk ING HOME OR OT	(IF NOT IN SUCI	rbor D	URSING HOME STREET ADDRESS) rive		ISTITUTION	12a USUAL OCCI	MOST OF WORK	ING LIFE) 12	NDUSTRY	BUSINESS OR
135		Md. HER'S NAME	Anne .	Arunde	13c CITY OF	TOWN TOWN	13d. INSIDE YES 15 MOTHE	R'S MAIDEN NA	MID	bor D	rive.	21126 Severn	
Property Comp		Alonzo S DECEASED EVER NO OR UNKNOWN)	IN U.S. ARME	D FORCES?		on SECURITY NO 9-3769	17 INFOR	Elizabet MANT Ruth_Svl	A	DDRESS		awton	
over that the death serthcoth gred by the attending physic in please remove corberaloge burial, cremation, or removall my, or other traumatic event, if	P	CAUSE OF DEAT PART I. DEATH W Canditions, if any, gave rise to imm couse (a), statin underlying couse	MMEDIATE (which nediate g the last	DUE TO, OR DUE TO, OR (c)	AND NE AS A CON:	SEQUENCE OF	ILNUS	NO CON	(COLU.	2e	N GIVEN IN		ATE INTERVAL SET AMO DEATH
7	TIFIC	a. DATE OF OPERA		116		HICH OPERAT			20a AUTOPSY	IN C	ERTIFYING		GS USED OF DEATH?
Persicians this certifican the beyond from and Mantol Hys ed or hegalilis	MEDICAL	A ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	CAUSE OF DEATH (AL EXAMINER) RED	P.A 21e PLACE C	M. MONTH M. DF INJURY	H DAY YEA	21t. LOCA STR	TION	RED (ENTER NATURE (OF INJURY IN ITE	36.	OR PART 2)	STATE
by the hospital or a by the hospital or a 4994 DRECTOR Ahi the detached to use or 5 kins Dept. of Health Ahit if them 21 a most	2: H	colored the sow the decease obove, (i) (we) is	(this bospital ed alive an laty(did nat) v	78 Friew the body		61.	DEGREE	ATTENDING PHYSICIAN	deoth occurred on		d hour and		
TO HOS retained to Figure should the file	23a BUF	RIAL, CREMATION,	on 1	23h DATE	use		CEMETERY O	RCREMATORY	23d LOCATION CITY OR TO	Md .	20	140/	STATE
BP	24 FUN	remation ERAL DIRECTOR NAME Cully F.	н. 320	3-4-86	ADD	RESS 211	22 11	d. Z5a. DAT	Caton EREC'D. BY REGIS R 5 198	TRAR 256 RE	1	ito.	Md.

Hills - - - Ethilms En - - William rigg , 19 . mai brine - Marriago Andrew Letter College Administration of the College Adm en annumicavin roder With and a lost winds and a conand the state of t To the same , might soften the colorest of the .ediaE afficients) .oni spapers vitros ob--- moliment The Culty and property of the State of the Culty of the C



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1922 CY 1922 A CONTROL TO SERVICE AND SERV Inspire ved 50 Decreases Maryland I'm George's lands II 2225 Marwood Lone 20716 John Thomas Didding Man variated Ann Sittemate HO --- Sil-Ha-642: Richard J. Dilfons Powis, MD 20/15 Marie Marie View.

Harch 3, 25 Narch 3, 35

XX.

Everies W43 6, 1986 9t. Lincoln Den e ny Er mewood, Pt. George's, ID 1 27 . . . 16000 Anneposis Band Small Euneral Alaw | Bowle, MD 20715+3043 No. 1 Control Band

10-01003		REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
3 24		DECEASED NAME GERT	Rude C.	Gingell	26 DATE OF DEATH MONTH 3	86 5am				
A see of	3	∠ema}e	4. RACE hite	5. DATE OF BIRTH 1897	\$8 yrs.	FUNDER LYEAR IF UNDER 24 HRS				
mercal of the second	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED	Anne Arundel	MD				
	A	nnapolis	Anne Arundel (120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SECTETARY	126 KIND OF BUSINESS OR INDUSTRY Fed Gov.				
AND 21	5		rother institution, give residence befo	YES NO T	Last Eleanor Rd	Fairhaven 20754				
MARY!	0	FATHER'S NAME Henry	J'DDLE Boyer	Suzanne	4400015	lappich				
TIMORE, De executo on and co	1	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC 216 46 8		ngell 6615 East E	Dunkikk Leanor Rd MD				
ST., BALT or physics on physics or physics or physics or physics or physics or physics or physics		PART I. DEATH WAS CAUSE		respiratory com	est	BETWEEN ONSET AND DEATH Smalls				
RESTON depth to attendin ove cath britery or roumarite		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE (b) Seps			2 days				
of the fee feet of the feet of	-	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOL	interestion		3 days				
MDS, 2 requires There pare to but requery.			ic stenosis . C		WINAL DISEASE OR CONDITION GIVE	N IN PART 110				
AL RECC	2	Aorti 19a Date Of OPERATION		HOPERATION WAS PERFORMED	YES NOW YES					
KOFVIT SCIAN- o physic serification californiality mentity	MEDICAL CER	210. ACCIDENT WAS UNDERLYING		PAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)				
MVISION after this in the but h and M		21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
ATTENDE spirit or CTOR. A for use of Health		saw the deceased alive or	ital) attended the deceased from 19_19_19_19_19_19_19_19_19_19_19_19_19_1	86, and that in (my) (aur) opinian	death accurred on the date and hour	ond from the causes stated				
AL OF TALL OF		226 SIGNATUR	Du	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/6/86				
HOSPII oined b FUNER ould be th the St		22d. PHYSICIAN'S NAME (TYPE OF	. Neilley	134 Oversill	e Rd West River	87705 OM-				

236 DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23¢ NAME OF CEMETERY OR CREMATORY

86 Friendship Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

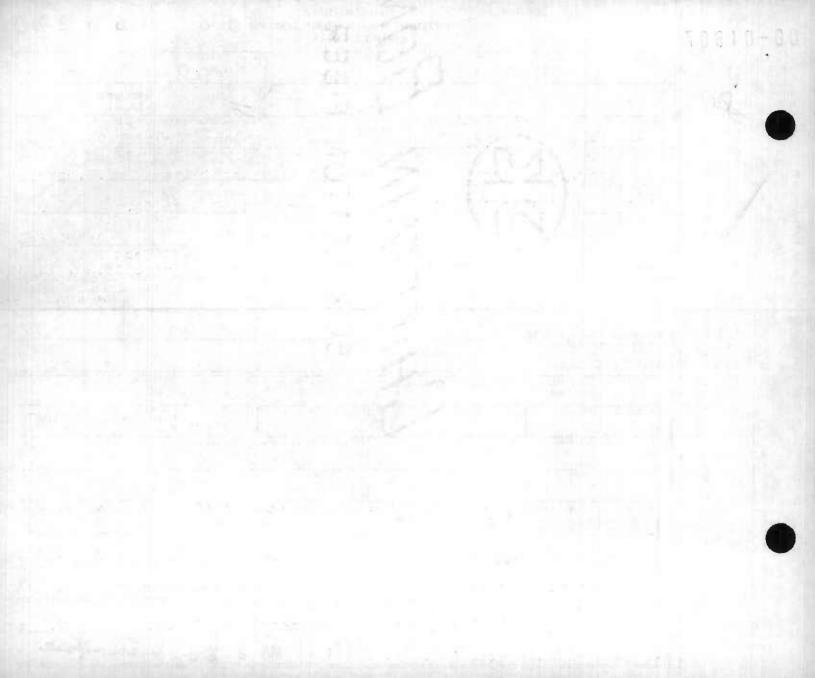
(SPECIFY) burial

24 FUNERAL DIRECTOR RAUSCH FUNERAL HOME OWINGS MARYLAND 250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NAME NAME

Friendship Anne Arundel MD

The state of the s

STATE OF MARYLAND



(VRA 15, 4)

Chila Davidson Rando Pa

pulo.

TOWN PRINCIPAL HOSPITAL

THAIR MED

M. California

CLEE TO RETTE , SOUTH NAME OF THE

SIL GALTRAL THAN BUT

19 DE 19 DE

Zeligh.

(VRA 15, 4)

STATE OF MARYLAND

LITTER CHEESEN OF THE

AND THE RESERVE OF THE PARTY OF

works and the state of the stat

DHMH - 16 50M 4/83 (VRA 15, 4)

	38090-00
Habring Plan B. Labor S. C. B. Labor B. S. Labor B. C. B.	•
Asserting and the state of the	
Midneson H. Harris C.	
No Tell III and Robert For him III and	
BEST TO STATE OF THE STATE OF T	

TA DEDITED 7 7 7 facility for a least the facility of the contract

066166	1			STATE OF MARYLAND						
000100	1.	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	IENES 6	REG. NO.	0	6	0 %	5
oy be death		CEASED NAME FIRST PORTO	THY Miller	(SLEENE	2a DATE OF D		-	- 1	VEAR 21	HOUR P
may poe	3. SE	-emale	White	S. DATE OF BIRTH Feb 7 1919	6. AGE (IN YEAR	RS LAST BIRTH		IF UNDER		UNDER 24 HRS
(18)	1	WHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALLINGORE	1e /		OF DEA	ATH,	MD.
. 153	1	nnapolis	11. MAME OF HOSRITAL, NURSING (INNOT IN SUCH AGUITY, GIVE STRIET A	G HOME OR OTHER INSTITUTION	120 USUAL OCH	CCUPATIO ORMOST OF V	WORKING LIFE		KIND OF B	BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 2120 the cutending physician and complete the Miles this certificate has been signed by the attending physician and complete the properties of the burial crans the burial transfer that the medical examination or removal. Orked or them 18 shows any injury, or other traumatic event, the medical examination or the medical examination of the medical examination.	134	AL RESIDENCE I MULING HOMEOR	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY DZVICSO	ADMISSION)	3836	PRESS	ZIP CODE	son	RJ.	21035
makyl,	A. F.	Julius La	Myzrr Mille	15. MOTHER'S MAIDEN NA	WE	MIDDLE		K11.	90r	e
IMORE, or execut			MED FORCES? 166 SOCIAL SECUI	Harrison	Gree	addres	S ***	4,	13	
physicia physicia impapers		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and D BY:	te Preumo	via.			.86	APPROXIMA TWEEN ONS	TE INTERVAL SET AND DEATH
death cer stending ove carbo van, ar re		Canditions, if any, which	DUE TO, OR AS A CONSEQUE		ia				10	Mean A
by the cose remotive cose remotive or other tree		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Tys Syndro	me				(0	grais
RDS, 20 equires t a signed Then ple r to burio	NO	PART 2 OTHER SIGNIFICANT (EATH BUT NOT RELATED TO THE TERM	INAL DISEASE (DR CONDI	ITION GIVI	EN IN P	ART Ico	0
he law r on. has bee t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOP	NO X	20b. IF YES IN CERTIFY YES	WERE	AUSES OF	S USED F DEATH?
SICIAN: The opposition of the	NI .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	RED (ENTERNATU	RE OF INJURY	IN ITEM 18 PA	ART LORP	ART 2)	
IVISION IG PHYS ortending ter this or s the burn ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION		CITY OR TOW	N /	cou	NTY	STATE
TTENDIN potal or CTOR: Af for use o of Health			ital) ottended the deceased from 19.5	and that is (my (our) opinion	eath accurred	on the dat		and fro	6, the	ses stated
AL OR A the host AL DIREC detoched ore Dept II. If hem		22b. SIGNATURE	W Coliny	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	AN 🗌	3	DATESTO	SNED 86
TO FUND TO FUN		ENSER U	N COLETT	27e ADDRESS 51 FRAN	KUN		ANI	NA	Pol	15 Mg
BP	23a	SUPIAL, CREMATION, REMOVAL SUPIAL	3-7-86 W	AME OF GEMETERY OR CREMATORY	23d LOCATI CITY OR NO (L	RIOWN		Kni	óx	Tenn.
DHMH - 16 50M 4/83 (VRA 15, 4)	74.5	SAMOV FUNERO	of Chapeloof	nnapolis, Md. 250 DAT	E REC'D. BY REC	SISTRAR 25	la bu	MARSE	Hon	LEEL "

100000 Female White 181 7 1919 1 Command Carlo Carlo Ame Arondel Hamapales Amerticale Ceneral Honoroller Honor Julie Fallan Miller Ellie Kilgone Harrison Greens 20/3 Bereal Street Linguistick Committee Know From

/	STATE OF MARYLAND	
0-00029	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	6 5 2
oge 3	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH MONTH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE	11 45
frer deal	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS
durecto ouris o	Female Cau. 12-23-87 98 YRS 70 BIRTHPLACE (STATE OFFOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY O	
1 1177	RUSSIA U.S. MARRIED NEVER MARRIED ANNE Arund	1 10 +
CX.	10 CITY OR TOWN OF DEATH Crownsville Fairfield Arundel Newsing Business A	126. KIND OF BUSINESS OR INDUSTRY
THE OWNER OF THE OWNER OWNER OF THE OWNER O	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 137. CITY OR TOWN 138. STATE 138. STREET ADDRESS / ZIP CODE	1
JARYILA Janifila Ja Janifila Janifila Janifila Janifila Janifila Janifila Janifila J	14. FATHER'S NAME PAST MODES 1 LAST FIRST MIDDLE	AST
MORE, M	160 WAS DECEASED EVER IN D.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	INKNOWN
fr, BALTIN physician oppopers. P mayal. vent, the m	18 CAUSE OF DEATH (Enter only one couse per line lar (a), (b), and (c) PART I, DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., ding pl corbang or rem	DUE TO, OR AS A CONSEQUENCE OF	Minsites
PRESTI he atter emotion rr troum	Conditions, if ony, which gove rise to immediate couse (a), stating the DIJE TO OR AS A CONSEQUENCE OF	3 days
201 W.	underlying cause last (c) Cerebrovascular Accident	3 days
. E X	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	NIN PART 110
he law in on.	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, IN CERTIFY! YES NO 190. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 150M 18 PART	WERE FINDINGS USED NG CAUSES OF DEATH?
DF VITA Jans TE physicin	OR CONTENDUCING DE CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
NG PHYSICIAN: The law requirentending physician. After this certificate has been signs the buriol-transit permit. They though Amental Hygiene prior to the horiol Amental Hygiene prior to the activity or the 18 shows ony injury or the 18 shows ony injury or the 18 shows ony injury.	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN	COUNTY STATE
NDI Los Lose Heal	22a I certify that (1) (this haspital) attended the deceased from 9, 19, 84, to 3/10, 19	tha (I) (we) last
OR ATTER OR ATTER DIRECTO oched for Dept. of h	saw the deceased live an 19 19 19 19 19 19 19 19 19 19 19 19 19	22c. DATE SIGNED
RAIL State	220 PHYSICIAN'S NAME (TYPE OR PRINT) 270 ADDRESS 7/32 () A LAIGE ME	3/10/86
TO HOSP etained I TO FUNE should be with the S	R. SCOTT EDEN, M.D. ANNAPOLIS, MD 21401	E '
BP.		. A. Md.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAN 250 REGISTRAN	
(VRA 15, 4)	Hardesty Funeral Home 12 Ridgely Ave. MAR 12 1986	The second

Balto., Md.

Anatomy Board

FOR

REGISTRAR

- STATE

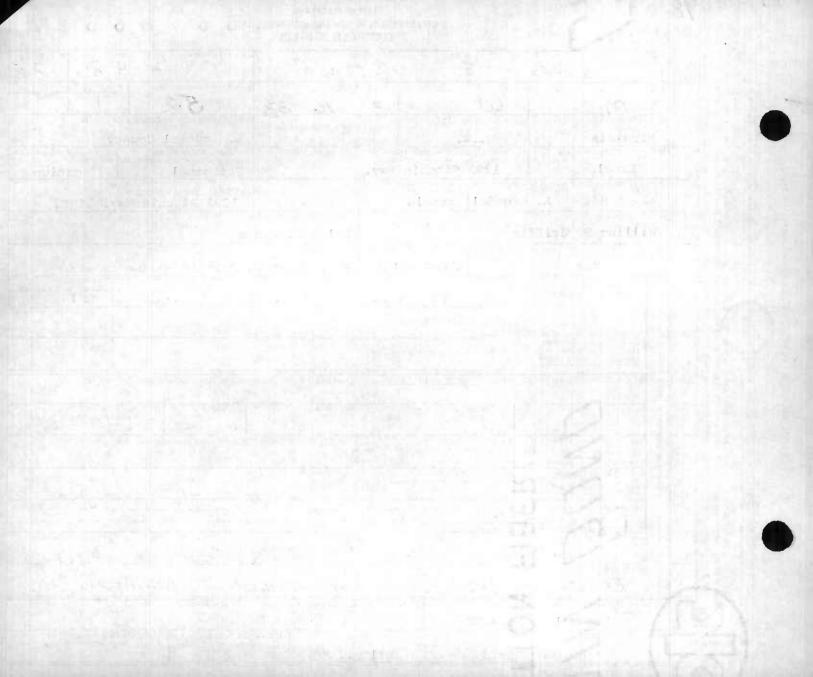
(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.



Hall
White and and the company of the company o All the second second second second

								E OF MAR						
0 0	1101	1-	FOR STATE			DEPART	MENT OF H	EALTH AN	ND MENTA	HYGIE	IE O	0 6	6 2	9
0 - 0	14241		REGISTRAR		MEI	DICAL	EXAMINE	R'S CER	TIFICATE	OF DE	ATH RE	G. NO.		
	>		CEASED NAME	FIRST		MIDDLE		LAST			20. DATE KNOW	N X MONTH	DAY YEAR	2b HOU
y	18.8.8.E	1		4ERIN	1 F		14	AITE	RMA	10	OF ESTI	0 0 3	23 19 86	1200
A 1	16 E S E S E S E S E S E S E S E S E S E	3. SE)		NCE	5 DATE OF BIRTH		6 AGE (IN YEAR	IF UNDER		ER 24 HRS.	2c DATE	MONTH	DAY YEAR	2d HOU
>	AL DIRECTOR. R YOUR FILES. HIN 72 HOURS ESTON STREET,	Eer	male Wh	ite	11 23	30	55 YRS	MONTHS	DAYS HOURS	MIN.	PRONOUNCED DEAD	3	23,86	1545
800	FOR YOUR YESTON	7a BI	RTHPLACE (STATE O	R	76 CITIZEN OF WE	HAT COUN	NTRY? 8	MARRIED	X NEVER MA	PRIED	9 BALTIMORE C	ITY OR COUNT		
	SAN SERVICE STATES	Ma:	ryland		U.S	A.		WIDOWED		RCED	Anne A	rundel	Coun	ty M
2	프랑트	10 CI	TY OR TOWN OF D	EATH	11. NAME OF HOS			OR OTHER IN	NOITUTITE		UAL OCCUPATION		126 KIND OF B	
	10000	ALC: U	len Burn		North A	Arun	del Ho		1	Hou	sewife	14.01	Homem	aker
7 5	10 Km2/	USUA Ua S	L RESIDENCE (FINE	NURSING HOME OR	OTHER INSTITUTION, GI	113c CITY	ORTOWN	134	INSIDE CITY LIMITS	Gle	n Burn	le, Mary	land	2106]
2	経期の	Ma:	ryland	136 COUNTY	.A.	Gle	n Burn		ES NO	524	Mornir	ngside	Drive	
8	NO. 31 /1	II F	ATHER'S NAME		WIDDLE		LAST	15.	MOTHER'S MA	IDEN NAMI	E MIDDLE	m-ship?	LAST	
98	SE ZE	N	orman		Uno	gles			Alic			Harri	Lson	
OWI	AND NA		VAS DECEASED EVE	R IN U.S. ARM			CIAL SECURITY				Marylar			Dr.
ALT	A STATE A		No			212	30 30	84 C	laren	ce Ha	ltermar	524 M	lornin	gside
E	588 6		18 CAUSE OF DE	ATH (Enter anly	ane cause per line	far (a), (b), and (c).)	. / 1			N. ACTO	_ ()	APPROXIMA BETWEEN ONS	ATE INTERVAL
SW	A ERW		PARTIDEATH	WAS CAUSED IMMEDIATE			Cardi	ic a	mot		_ a	- 6		
STO	STATE OF THE STATE		1000		DUE TO, OR	AS A CON	SEQUENCE OF							
986	RA PAGE		Canditians, if		(b)									
W. W.	SAN ENS		cause (a) stati lying cause la		DUE TO, OR	AS A CON	SEQUENCE OF			7	100	(3)		
92	SAMAN		lying coose to	31.	(c)									
SON SON	MAREGORE	-	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	DNIRIBUTING TO DEATH	BUT NOT RELA	ATEO TO THE TERMIN	AL DISEASE OR C	ONDITION GIVEN II	PART 1 Id.				
RECORDS	F WEDICA F WEDICA ED AS A BL FAITH A	CERTIFICATION											- 38	
	E HOLL	10	19a. DATE OF OPE	RATION	19b. CONDIT	TION FOR	WHICH OPERA	TION WAS P	PERFORMED?				20 AUTOPS	Y?
ZEV S	K85255	THE STATE OF											YES 🗌	NO X
DIVISION OF VITAL	HIS CERTIFICATE STORMS THE WRITING THE CHICAGO ARE 3 SHOULD BE US ATE DEPARTMENT OF STORMS TO BUS 1201 PRIOR TO BUS 1201	U	210 EXTERNAL CA		11b. TIME OF HOUR A.M		DAY YEAR	21c HOW I	INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN I	TEM 18 PART I OR PAR	IT 2)	
O S	E55589	MEDICAL	CONTRIBUTING	CAUSE OF DE			19							
N S	PE SE	N N	214 INJURY OCCU		210 PLACE (STREET, FACT	ORY, FARM, E	TC.)	21f LOCATI			CITY OR TOWN	cou	UNTY	STATE
0 0	WARD WARD WARD PAGE 17ATE [AT WORK AT	WORK								4, 1, 1, 1, 1,		
á		-	22a I certify the	it I taak charge	af the remains des	cribed abo	ave, held an	Autapsy	, Inspec	ction 🔼	Inquiry .	and in my ap	inian	
	EXAMINER: CERTIFICATI SUID BE FOR 4, WITH THE MARYLAND,		death resulted fro	am: Natura	l causes	Accident	, Suice	de .	Hamicide _	. Under	termined manner			
	A WIND THE		ACTUAL /		0 150			1	TITLE (SPECIFY			Division 1		
	NOTE THE CONTROL OF T	1	SIGNATURE	your	Elle	~ _	_	M.D		MED	DICAL EXAMINER	DATE SIGNEI	3-73	-86
3	NO SEE S		EXAMINER'S NAM	1										
-	EXECUTE PAGE 4 TO FUN AFTER DE BALTIMO		(TYPE OR PRINT)	0	C " - 1	er A	-0-		RESS4446	Cumbe	71 21	Caown	ville 3	1072
-	@ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23a B	URIAL, CREMATION		DATE		NAME OF CEM			23d. LC	OCATION ORTOWN	COUN	TY	STATE
07/84 25M	BP	21.5	Burial	. 3	3/27/86	Me	eadowr	idge	Park	El	kridge			Tand
	DHMH - 17		ymond C.	Fink	Glenor	urni	e Md	27061	250. DA	D D C	Y REGISTRAR 36	REGISTRAR'S SI	GNATURE	
('	VR A15 ME (5))	ria.	ymona c.	T T 111/	CICII D	WT II T	C, Ha.	21001	MA	U 7 U	1900		- 41-10-	- 1

and all the state of the state Market Street Control of the Control Making Tarang Tarang Tarang tarang a disample of the start of the star AND THE REPORT OF THE PROPERTY OF THE PROPERTY

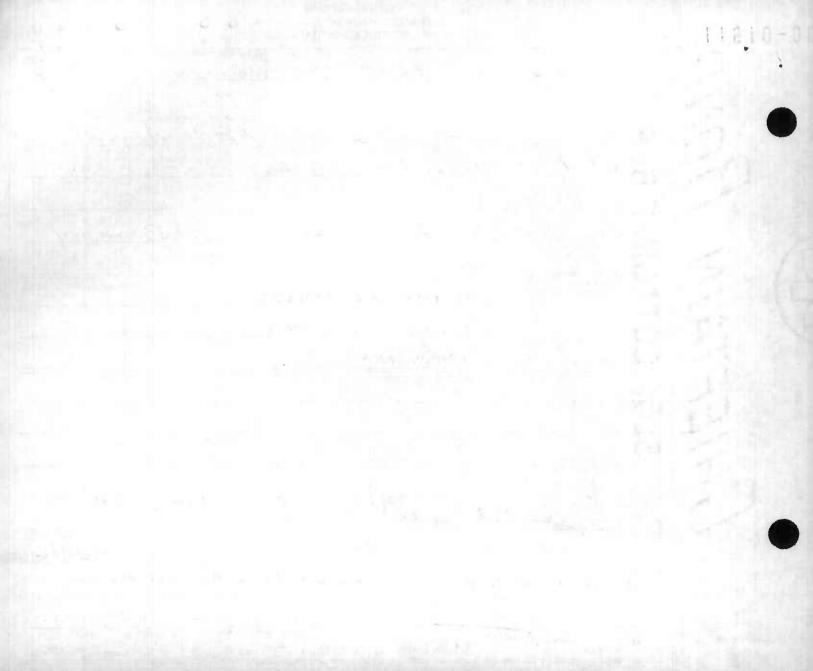
	Ite	em: 16 G-62	A 2/11/87	FH cm		OF MARYLAND		1916		
00-00568		STATE Items	#120#12 b	1 1 10-		EALTH AND MENTAL HYG	0 0	0	6 6	30
		The same of the sa	FIRST	WIDDLE		AST	REG 20. DATE OF DEATH		Y YEAR	7b. HOUR
eo th	(TYPE O		Aubra Ve	rnon	Hardm	an	March 1	1986		6:11 %
poor poor	3. SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAS	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
- 1 60	M	ale	Cauca	sian	Febr	uary 23, 1923	63	YRS MC	NIHS DAYS	HOURS MIN.
1	8 IR	THPLACE I STATE OR FORE		WHAT COUNTRY	8		9 BALTIMORE CIT		FDEATH	
16.000		st Virginia	us/		WIDOWE	D NEVER MARRIED DIVORCED X	Anne Aru	ndel		MD
2019		OR TOWN OF DEATH	11. NAME OF		NG HOME C	OR OTHER INSTITUTION	170 USUAL OCCUP	ATION	176. KIND Q	BUSINESSOR
5 0 9	G1	en Burnie		Arundel		al	Bus Rotin			
E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USUAL 13e ST	RESIDENCE (IF NURSING			RE ADMISSION)		13e.STREET ADDRES			-
N 2 43 40	Mar		nne Arundel			YES KK NO	2306 Weyr		ne	21114
1 10 10	14 FAT	HER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM			(A5)	
A 1 11/14	1	Philli			man	Sylvia	a]	H.	Bail	
ORE, nd H		AS DECEASED EVER IN	U.S. ARMED FORCES?	19339C134SEC	15600	17 INFORMANT	ADI	2339 Da	rtmout	h Lane
be exe	_ye		W II	223-34-	9560	Carolyn S. S.		Crofton	Mary	land
BAL sate ysscie oper vol	I	8 CAUSE OF DEATH	Enter only one couse po				_		BETWEEN	MATE INTERVAL
ST.,			MEDIATE CAUSE (a)_	Ca	rdia	c armst				
on the cerbin corbin and in a cerbin and in a			DUE TO,	OR AS A CONSEQU	ENCE OF	1 04	.,, /			
deo deo otte	18.	Conditions, if ony, w gave rise to immed		Ve	ntnci	lar fibr	illation	,		
W. P.		couse ta, stating		OR AS A CONSEQU	JENCE OF	,				
se tho		onderlying cause	(02)							
		PART 2. OTHER SIGNIFI	1	1	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIVE	N IN PART 110	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physician. Ifter this certificate has been sig as the buriol-transit permit. Then than and Mental Hagene prior to be thand Mental History sory injury.	CERTIFICATION	OM STAD		neular	arr	NW Thmias	20g AUTOPSY?	TOL IE VES	WERE FINDIN	ICC USES
REC	FIC	TA DATE OF OPERATION	176 CON		OPERATIO	N WAS PERFORMED		IN CERTIFY	NG CAUSES	OF DEATH?
N: The hysicion to hygical Hygical Hygical	ERT	In. ACCIDENT WAS UNDERL	YING 716 TIME	OF INJURY		71c HOW INJURY OCCURR	YES NO.			NO 🗌
PF VI		OR CONTRIBUTING CAUS	SE OF DEATH HOUR	A.M. MONTH	AY YEAR	-	ED (ENIER VAIDRE OF	ATORY NATION IS PAK	I (OK PARI 2)	
ON O HYSIC Iding Gris cer Burio Anni	MEDICAL	IF EITHER NOTIFY MEDICAL		OF INJURY	19	71f LOCATION				
/ISIO/ PHY Hendi He by Ond M	ME	WHILE TO NOT WHILE	(AT HOME S	TREET FACTORY, OFFICE	FARM ETC)	STREET	CITY O	TOWN	COUNTY	STATE
DIN O or o o		70.1 certify that (I) (#&		he deceased from	6	cheker 1080	to Ores	ent 10	64	han dis dimini lana
TEN Intol TOR: or us		saw the deceased o	olive on Ja	M. 18 19		d that in (my) (aux) apinian o			ind from the c	hat (I) (and last
haspiral haspiral haspiral for fem 2:		abave, (I) (()	(did not view the bad	y after death.		DEGREE			77c. DATE S	
T T T T T T T T T T T T T T T T T T T		David	a. B.	etcher	m	ATTENDING	MEDICAL S	TAFF		7-86
SPITAR ed by the Spitar of the Store	1	2d. PHYSICIAN'S NAME	(TYPE OR PRINT)	e-crite	1	220 ADDRESS	-		1	
		DAVID .	A. BOET	CHER	mo	14300 G	allant H	ox Lui,	#118	Bowiem
TO Horizon TO Figure Shoul With IMPO	73a BU	RIAL, CREMATION, REA	and professional and the			EMETERY OR CREMATORY	173d LOCATION		•	20715
			The state of the s	.00		ON CHEMIOIONI	1.50 100			
BP_	(58	Burial	Mar 1	9 1986 K	and I	Cemeterv	Salem.	West Vi	rginis	STATE 1.
BP DHMH - 16 60M 7/84		Burial PERAL DIRECTOR	Mar 1			Cemetery Olis Rd. 250 DATE	Salem,	West Vi		l.

Harry Indian and the second se cath dispose we will be also also as a second secon AND THE PROPERTY OF THE PROPER The second of the and they have a sound a separate North Street, 39 and 50 Water St. at the course of the same of the same of The state of the second Land to the little of the litt

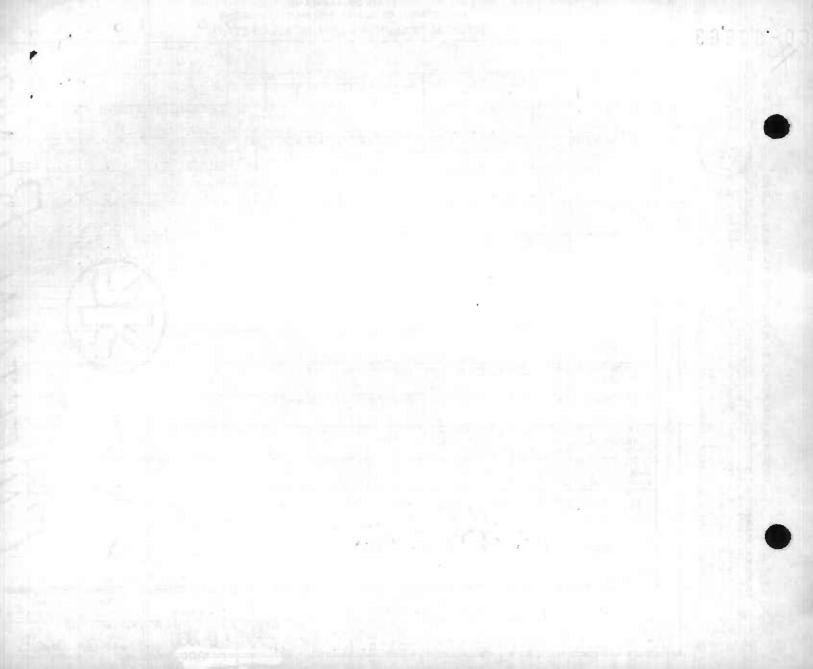
DEPARTMENT OF HEALTH AND MENTAL HYGISER MEDICAL EXAMINER'S CERTIFICATE OF DEPART ROOM DO 30 JULY 19 STORY DO 3			1				TE OF MARY						
DECRACIO NAME Fig.	0 0		1-						0 0	0 6	5 6	3	1
TOTAL CHEMICAL STATE OF BRITH AS I SOLE OF BRITH AS	0-0	24/1			WEL		ER'S CERT	IFICATE OF	DEATH	REG. NO.		~	•
LE CONSTRUIT DE LA CONTRO DEL CONTRO DE LA CONTRO DEL CONTRO DE LA CONTRO DEL CONTRO DE LA CONTRO DEL CONTRO DE LA CONTRO DEL CONTRO DE LA CONTRO DE LA CONTRO DE LA CONTRO DE LA CONTRO DE		to			6 7		LAST	^	20. DATE KI	ESTI.	-		2h HOUR
## BRITHPLACE III/AT ON ## DE CITIZEN OF WHAT COUNTRY ## ARREND ## OR		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Philli	P		HA	1		-			M
MARKED NEVER MARRIED SALTIMORE CITY OR COUNTRY OF DEATH III ADMIT COUN		원 교육 오류	1, 56	MA ALOCA	MONTH DAY	YEAR LAST BIRTHDA	RS IF UNDER 1				ITH DAY	YEAR	2d HOUR
TOWNSON TO MAN OF DEATH II. MARKE OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION III. SUSAL OCCUPATION III. SUS		\$100 N		m mag	1 7		S.		DEAD	_ 3			1745
THE COUNTY OF DEATH IL NAME OF HOSPITAL NURSING FOME OR OTHER INSTITUTION IDEATOR DESTRUCTION IDEATOR DESTRUCTION IDEATOR SUBJECT OF THE PROPERTY OF THE P		SER THE SER		RTHPLACE INFATE OR	The CITIZEN OF WH	AT COUNTRY?	MARRIED D	NEVER MARRIED	9 BALTIMO	RE CITY OR CO	UNTY OF D	EATH	
Conditions Flory		OCETER.		Md.	412	14,				MA			MD.
IDEAL RESIDENCE I IN INCOMPANY IDEAL RESIDENCE IDEAL RESID		SHABE	III C	OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME H <u>UTY-GI</u> VE STREET ADDRESS)	, OR OTHER INS	STITUTION			ORK 12b KIN	ID OF BUS	INESS
13 SOUND 13 STREET ADDRESS 13 MOTHER S NAME 14 MOTHER S NAME		A SA HOLE	1			Tyler	AL	re	Ketis.	ea .	1111	_	
It Alles and the control of the co	9	POLICE DE	134.5	ATE 13b. COUNT	OTHER INSTITUTION, GIV			ISIDE CITY LIMITS?	3e STREET ADDRESS	_d.	190	30	
THE WAS DECASED EVER IN U.S. ABMID FORCES? THE WAS DECASED EVER IN U.S. ABMID FORCES. THE WAS DECASED EVER I	15	多多品质和〇		Md. A	A	HNNADO			1330		er	HU	e
The WAS DECARD EVER IN U.S. ADMEDTION OF THE PROPERTY OF THE	9	E-38-5	14.8	THER'S NAME	MIDDLE	P. J. LAST	15. M	OTHER'S MAIDEN	NAME	N.F.		AST	
The continue of the control of the	BE.	NO THE		John W	eslex	Harrie	d	Marthi	7		Ho	hhs	
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which give rise to immediate coule (o) loting the under process and other part of the coule (o) loting the under process and other part of the coule (o) loting the under part of the under part of the coule (o) loting the under part of the under part of the coule (o) loting the under part of the under part of the coule (o) loting the under part of the under part of the coule (o) loting the under part of the coule (o) loting the under part of the under part	IMC	SESSE /	160 V	AS DECEASED EVER IN U.S. ARM S NO. ORUNKNOWN) (IF YES, GIVE W	ED FORCES?	166. SOCIAL SECURITY	NO. 17 IN	FORMANT	1	ADDRESS 133	O Wie	r Are	· .
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which give rise to immediate coule (o) loting the under process and other part of the coule (o) loting the under process and other part of the coule (o) loting the under part of the under part of the coule (o) loting the under part of the under part of the coule (o) loting the under part of the under part of the coule (o) loting the under part of the under part of the coule (o) loting the under part of the coule (o) loting the under part of the under part	IAL.	AND THE N		Yes IVV.	V. II	218-07-9	402 E	the/ (Talloway	Anna	polis. 1	16.2	1401
Conditions, if ony, which gove rise to immediate course (a) storing the under- lying course last. (c) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO BEAM BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (c) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (c) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (c) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (c) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION WAS PERFORMED? THE ADDRESS OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CON	2			18 CAUSE OF DEATH (Enter only	one couse per line	or (o), (b), and (c).)	1.		0 1	,	API	PROXIMATE	INTERVAL AND DEATH
Conditions, if ony, which gove rise to immediate course (a) storing the under- lying course last. (c) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO BEAM BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (c) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (c) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (c) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (c) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION WAS PERFORMED? THE ADDRESS OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CONDITION GIVEN IN PART 1 I.e. (d) TART 2 OTNES SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL OISEASE OF CON	N S	A BRANCE A				CA	rdIA	· C /	trre	54	00.00	EET GASET	AND DEATH
YES NO NO NO NO NO NO NO N	STC	NA A STAN			DUE TO, OR	AS A CONSEQUENCE	OF _						11.40
YES NO NO NO NO NO NO NO N		AAN			(b)	F	1,0,	C, VI	U.				
YES NO NO NO NO NO NO NO N		ON THE PEN			DUE TO, OR	AS A CONSEQUENCE O)F						7
YES NO NO NO NO NO NO NO N		ON A EX I	100		(c)							7.18	-1-3.9
YES NO NO NO NO NO NO NO N	RDS	EXE ING ING ING ING ING ING ING ING ING ING	_	PART 2 OTNER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	NAL DISEASE OR COP	NOTION GIVEN IN PART I	l (a),		77.01-2		
YES NO NO NO NO NO NO NO N	00	A AS A S CRE	Ö				-			4			
DINDERLYING GAUSE OF DEATH P.M. 19 VILLE	AL R	A HERE	CA	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPER.	ATION WAS PER	RFORMED?			20 A	JTOPSY?	
DINDERLYING GAUSE OF DEATH P.M. 19 VILLE	N T	SE CE	FIE	AN EVERNIAL CAUCE WAS								ES 🗆	NO DE
death resulted from: Notural couses A. Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. DEPUTY . MEDICAL EXAMINER . DATE . DATE . SIGNED . M.D. DEPUTY . MEDICAL EXAMINER . DATE . D	0	NATH CATE					21c HOW IN.	JURY OCCURRED	ENTER NATURE OF INJUR	IN ITEM 18 PART 1 C	R PART 2)		
death resulted from: Notural couses A. Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. DEPUTY . MEDICAL EXAMINER . DATE . DATE . SIGNED . M.D. DEPUTY . MEDICAL EXAMINER . DATE . D	Ö	A HOUSE	S.	CONTRIBUTING CAUSE OF DE		17							
death resulted from: Notural couses A. Accident . Suicide . Homicide . Undetermined manner . ACTUAL SIGNATURE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. Deputy . MEDICAL EXAMINER . DATE . SIGNED . M.D. DEPUTY . MEDICAL EXAMINER . DATE . DATE . SIGNED . M.D. DEPUTY . MEDICAL EXAMINER . DATE . D	NVIS	CER E 3 S DED	A S	VA/LIIIE NIGHTANA				N	CITY OR TOWN		COUNTY		STATE
death resulted from: Notural couses A. Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE SIGNATURE M.D. Deputy MEDICAL EXAMINER M.D. Deputy M.D. Deputy MEDICAL EXAMINER M.D. Deputy MEDICAL EXAMINER M.D. Deputy M.D. Deputy M.D. Deputy MEDICAL EXAMINER M.D. Deputy M.D. Deputy MEDICAL EXAMINER M.D. Deputy M.D. Deputy MEDICAL EXAMINER M.D. Deputy M.D	۵	WR WAR WAR											
SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) William P. Jones, M.D. ADDRESS 695 America Crt. Davidsonville, Ml. 21035 236. BURIAL, CREMATION, REMOVAL 236 DATE 237. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, REMOVAL 236 DATE 239. BURIAL, CREMATION, REMOVAL 236 DATE 230. BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 232. NAME OF CEMETERY OR CREMATORY 233. BURIAL, CREMATION, REMOVAL 236 DATE 234. FUNERAL DIRECTOR NAME 235. DATE REC'D. BY REGISTRAR 256 REGISTR		ATE.	-	22a. I certify that I taok charge	of the remains desc	ribed above, held an	Autopsy], Inspection	Inquiry [and in m	yopinion		
EXAMINER'S NAME (TYPE OR PRINT) William P. Jones, M.D. ADDRESS 695 America Crt. Davidsonville, Ml. 21035 23d. BURIAL, CREMATION, REMOVAL 23b. DATE 23d.		MIN SERVICE SE		death resulted from: Notural	couses ,	Accident . Sui	cide , H	domicide .					
SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) William P. Jones, M.D. ADDRESS 695 America Crt. Davidsonville, Ml. 21035 236. BURIAL, CREMATION, REMOVAL 236 DATE 237. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, REMOVAL 236 DATE 239. BURIAL, CREMATION, REMOVAL 236 DATE 230. BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 232. NAME OF CEMETERY OR CREMATORY 233. BURIAL, CREMATION, REMOVAL 236 DATE 234. FUNERAL DIRECTOR NAME 235. DATE REC'D. BY REGISTRAR 256 REGISTR		WIT WIT WAR		11 -11		2	TIT					1	,
136. BOWNEL CREMATION, REMOVAL 138 DATE 137. NAME OF CEMETERY OR CREMATORY 136. LOCATION COUNTY STATE OF COUNTY STATE OF CEMETERY OR CREMATORY 136. LOCATION COUNTY STATE OF COUNTY STATE OF COUNTY STATE OF CEMETERY OR CREMATORY 136. LOCATION COUNTY STATE OF COUNTY STATE OF CEMETERY OR CREMATORY 136. LOCATION COUNTY STATE OF COUNTY STATE		MAN WALL		SIGNATURE ALLE	un It	Mas	7 M.D.	Deputy	_MEDICAL EXAMIN	ER SK	TE 3	126	186
136. BOWNEL CREMATION, REMOVAL 138 DATE 137. NAME OF CEMETERY OR CREMATORY 136. LOCATION COUNTY STATE OF COUNTY STATE OF CEMETERY OR CREMATORY 136. LOCATION COUNTY STATE OF COUNTY STATE OF COUNTY STATE OF CEMETERY OR CREMATORY 136. LOCATION COUNTY STATE OF COUNTY STATE OF CEMETERY OR CREMATORY 136. LOCATION COUNTY STATE OF COUNTY STATE		NO N		EXAMINER'S NAME		(/					/	/	
136. BUNIAL CREMATION, REMOVAL 138 DATE 137. NAME OF CEMETERY OR CREMATORY 136. LOCATION COUNTY STATE OF COUNTY STATE OF COUNTY OF COUNT		A A GECLA		(TYPE OR PRINT) WILLIAM		.D.	ADDRE			vidsonvil	le, Md.	21035	5
25M 24 FUNERAL DIRECTOR ADDRESS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE			23a.Bt	RIAL, CREMATION, REMOVAL 236		23c. NAME OF CEN	ETERY OR CREA	MATORY	73d LOCATION		YTHUO	STAT	E .
DHMH - 17 NAME ADDRESS ADDR	07/84 25M	BP	24 51		4/3/86	L'rowns VI	le Vete				7.A.		d.
(VK AID ME (D)) Wm & PPCP of Mnc Handonic MI			1			0		100		736 REGISTRAR	SSIGNATU	RE	
THE THE TENTS COME PORT TO MINUS 1980		(VK A15 ME (5))		Vm. A cese + 2	ons /	Annapolis, 1	70.	APR	0.3 1986	- 1	with .	2	

Company of the compan

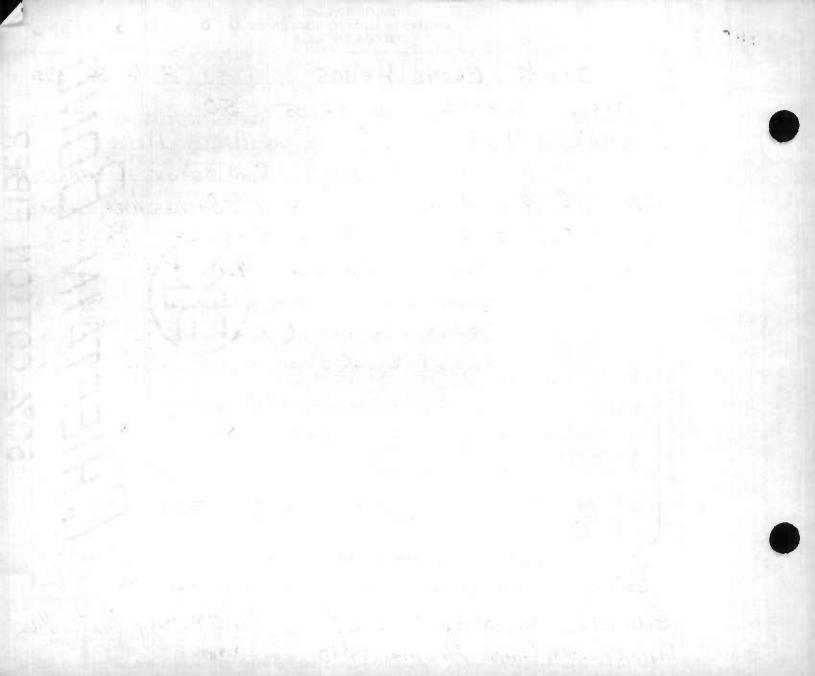
21225



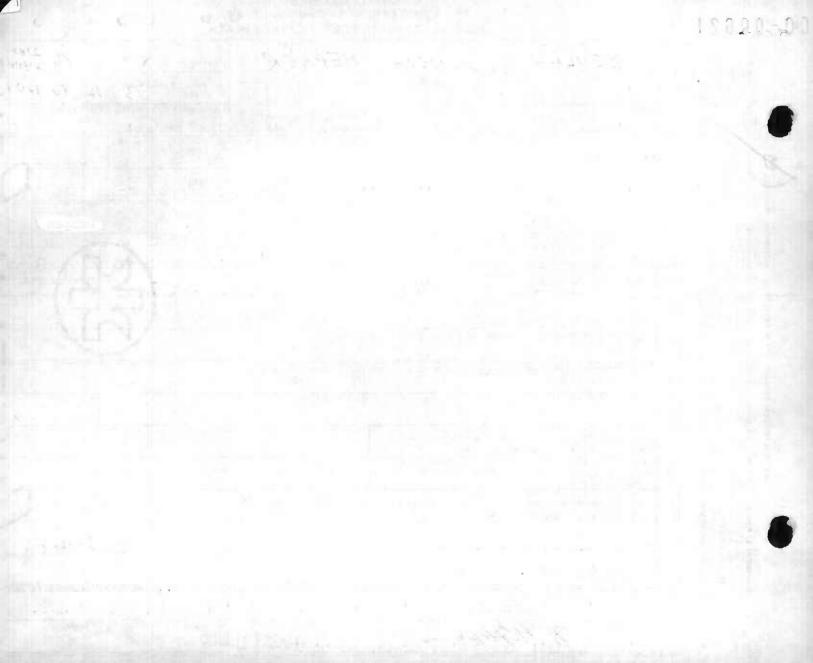
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME FIRST 75 HOUR LIVEE OR PRINTS ESTI-10 86 DEATH MATED XX Heiskell W. Jesse 4 RACE 3. SEX S DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 2d HOUR MONTH YEAR DAY LAST BIRTHDAY) PRONOUNCED :30 white DEAD male 7/16/42 43 19 86 YRS D. M TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED NEVER MARRIED Missouri U.S.A. DIVORCED X Anne Arundel County, WIDOWED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS IF NOT IN SUCH FACILITY GIVE STREET ADDRESSI 1662 Albemarle Drive Crofton Industrial Eng. Military USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Research BALTIMORE, MD, 21201 Md. 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS A . A . Co. Crofton 1662 Albemarle NOX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wade FIRST G Lelia Heiskell Huddleston 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADD 等 3 W. Rosehill (YES, NO. OR UNKNOWN) ves 486-46-2025 Lelia Huddleston Kirkwood, Missouri 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY (rifle) Gunshot Wound of Head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO XX 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY est. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING KOR CONTRIBUTING CAUSE OF DEATH 19 86 subject shot himself P.M. THE PLACE OF INJURY CATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.I. 1662 Albemarle Drive, Crofton, Anne Arundel Co. AT WORK AT WORK XX Home Maryland TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, Inspection XX 220 I certify that I took charge of the remains, by riber obove, held an Autopsy deoth resulted late Undetermined monner Hamicide TITLE (SPECIFY) 3-16-86 Assistant DATE EXAMINER'S NAME Dennis F. Smyth, M.D. 21201 111 Penn St., Balto., Md. (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Oakhill Cemetery Kirkwood Missouri 07/84 BP. 25M 24 FUNERAL DIRECTOR ADDRES 2 Ridgely AVe. 250. DATE DEC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Hardesty Fuenral Home (VR A15 ME (5)) Annapolis.Md. 21401



		500		STATE OF MARYLAND	8 6 0	1 1 09 00
-00094	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0035
1		CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26. HOUR
be 3 coth	{ I Y PE	Jam Jam	es CURTIS	Helms	3	6 86 5:15AM
moy pool	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rector urs of		MALE	WAITE	10 28 35	50 YRS	
th. Po	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	
dot dot	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED NO HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
offer of the	9	FALMIO MILE	ANNE Aran	ADDRESS)	COTTO CTOY	176 KIND OF BUSINESS OR INDUSTRY ONSTRUCTION
hours hours be fill	USU. 130 S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	:	
filled fould in must	130	ND H.	46 ANNAP		1155 BAYVIEW	VISTA 21401
mpletely and 2 st	14. FA	FRWIN ELL	MIDDLE HELM	S NOTHER'S MAIDEN NA	VIRGINIA	PRICE
nd con a ges l	16a, V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	URITY NO. 17 INFORMANT	ADDRESS 30	me as
rs. Po			130-38	-4480BARBARA	HELMS #13	ADDROVINA YE INITERVAL
ent, fi		PART I. DEATH WAS CAUSE			ive Sepsis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
F Fe So		IMMEDIA	DUE TO OR AS A CONSEQU	2	(00	
1 100		Conditions, if any, which		orution d	Cecum	hours
by the serem		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF	dise	ase days
rgned ren pled burial burial	z	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1 0
v requirements	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
he low.	TIFIC					IFYING CAUSES OF DEATH?
hysicinal Hyginal 18 shipsi		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
SKCIV ng p certif kental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
IG PHY ottendi ler this s the bi s and A	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	FARM_ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDIN SE AF Use o Health			tal) attended the deceased from	OCTOSER 19 85	5, to 3/6_	, 19 6, that (1) (we) last
ATTE ospite ECTO d for it of li m 21		sow the deceased alive on above (I) (we) (did) (did no	tiview the body after death.	DEGREF	death accurred on the date and ha	22c DATE SIGNED
AL OR AL DIRI		Dams (lune	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/6/86
TO HOSPIT, etained by TO FUNER, should be a with the Sto		THE PHISTIANS NAME THE	haranes	220 ADDRESS	rchia Hux	Arnold wel
shour with	23n F	BURIAL, CREMATION, REMOVAL	236. DATE 236.	NAME OF CEMETERY OF CREMATORY	23d JOCATION	11 1
BP	L	BURIAL	Mar. 10 1986 .	SUNSET	CHRISTIAN BUR	g Hout Va.
DHMH - 16 60M 7/84	24. FI	UNERAL DIRECTOR	CILARDE ADDRESS	250 DA	TE REC'D. BY REGISTRAR 256 REGIS	RAR'S SIGNATURE
(VRA 15, 4)	1/1	YLOR TUNERAL	CHITTE JUNI	MU CIOLIOLINI WO	W T 3 1200	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 0.0 - 0.062- STATE REGISTRAR REG NO DECEASED NAME BEULAH KNOWN ESTI-March GENEIVA DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED March LAST BIRTHDAY) 1209 1916 Female White Dec. DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Pennsylvania USA WIDOWED K DIVORCED Anne Arundel O. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Millersville 8363 Sycamore Road Home Maker Own Home SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland A A Co. Millersville 8363 Sycamore Road 21108 NO [X] 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Jacob Calvin Cantner Mariah L. Bryan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS4 16b. SOCIAL SECURITY NO N. Prospect St. (Daughter) (YES, NO, OR UNKNOWN) No N/A Mrs. Shelby J. Young Hagerstown, Maryland 177-12-7138E 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 2D AUTOPSY? YES NO X 710 FXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY 21F LOCATION AT WORK AT WOLLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes death resulted fram: Accident Suicide ____ Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE. EXAMINER'S NAME James E. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR' (SPECIFY) Burial Glen Haven Mem. Park March 17,1986 Glen Burnie, 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Singleton Funeral Home Glen Burnie, Maryland

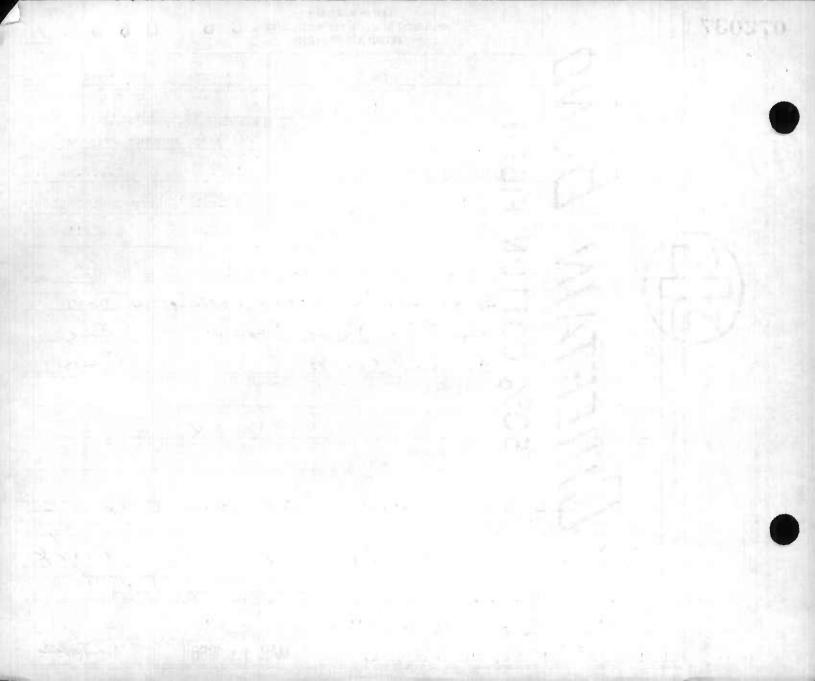


072037	1.	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT) 6 6 3 7 EST
ms 10		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
noy be	1	EVELYN	FRAMPTON	HINES	MARCH	10, 1986 650 M
a political	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
s of s		female	white	July 7, 190	9 76 YRS	
Pour dir		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRI	BALTIMORE CITY OR COUN	
merol d		COUNTRY) MD	USA	WIDOWED DIVORC		DEL COINTY MD.
of the further de within	10 C	GLEN BURNIE		RSING HOME OR OTHER INSTITUTI REET ADDRESS)		126 KIND OF BUSINESS OR
filled in thousand be f		AL RESIDENCE (IF NURSING HOME OF STATE 13b COU AA	NTY 13c CITY OR T	Burnie 13d. INSIDE CITY EI		DDE Way Apt102 21061
mpletely ond 2 sh	I4 F	ather's name Edward	MIDDLE Frampton	15 MOTHER'S MAI Mary*ST	DEN NAME EMIDDLE	Kimbäll
n ond co			RMED FORCES? 166 SOCIALS IVE WAR OR DATES) XXXXXX 214/18		ADDRESS J. Hines (husband) s	same as 13
res that the death certificate and by the attending physicis please remove carbon paper ourial, cremation, or removal.		Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONSE	OUENCE OF REME OUENCE OF COULTE	FARIUR HE TERMINAL DISEASE OR CONDITION	Dos
he low require	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TTIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN: The ottending physicion. The er this certificate ho ond Mentol Hygien ked or them 18 show	A	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM	8 PART OR PART 2)
	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	ICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1. OR ATTENDING the hospital or the hospital or the hospital or the period of the tending of the period of the office of the off		sow the deceased alive of	n John C.H. A of view the body after death.	9 & Co., and that in (my) room DEGREE	opinion death occurred on the date and h	. 19
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store IMPORTANT:		774. PHYSICIAN'S NAME (TYPE		22e ADDRESS	200 HOSPITAL DRI	,
Short	23u	BURIAL CREMATION REMOVA		23c. NAME OF CEMETERY OR CREM.	ATORY 23d LOCATION	
RD		Burial 5	Mar. 13. 1986	Codar Hill Comet	Prook lyn	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

24 FUNERAL DIRECTOR MADDRESS
Singleton Funeral Home, Glen Burnie, MD 250 DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
MAR 1 1 1986



control of

and forthe form factor end

of the first three properties

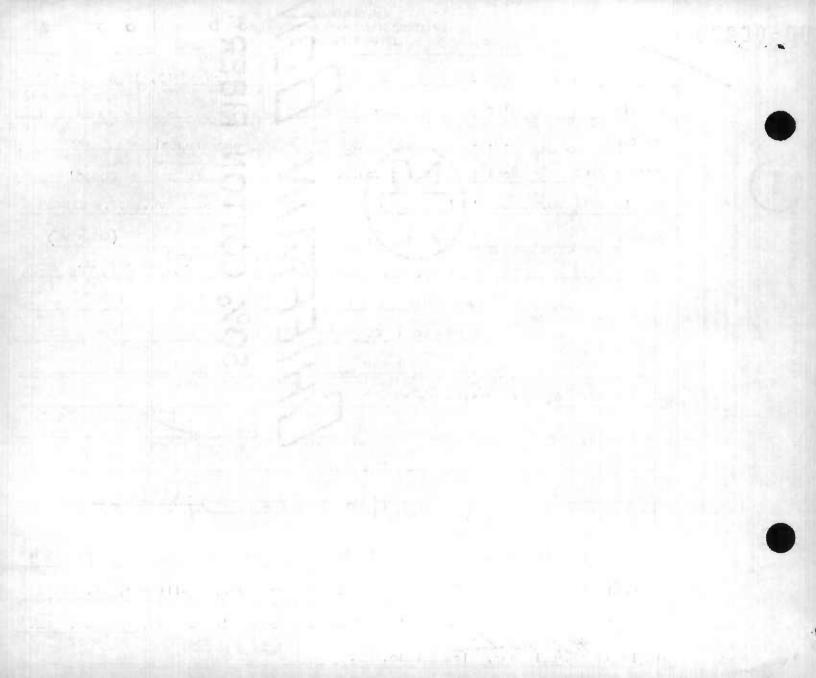
follow minds cell serie singet use the age ----

10.7

en tilal menderal i un mene

. 5: 120

0 0 -	00,	623		FOR STATE REGISTRAR				CERTIF	E OF MARYLAND LEALTH AND MENTAL ICATE OF DEATH		6 REG.		6 6	3	9
		4		ECEASED NAME	FIRS1		MIDDLE	1	AST	2a DAT	E OF DEATH	MONTH	DAY YE	AR 2b	b HOUR
	y be			EI	ENA	FRAN	ICES	-	OPER		rch	13,	1986	-	3:30 PA
	e 3	2	3 SI	EX		4 RACE		S. DATE C		6 AGE	(IN YEARS LAST E	BIRTHDAY	MONTHS 6	YEAR IF	OURS MIN
	90	250		Female		White		May	1, 1906	7	9	YRS			
	P 7	E 4/6	7 7a E	COUNTRY)	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALT	MORE CITY	OR COUN	TY OF DEAT	TH	
	deoth	(D)	_	ew York		U.S.A		WIDOWE	DIVORCED	□ An	ne Aru	ndel		199	M
	, i		10 0	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		VORK FOR MOST		126 KII	ND OF B	BUSINESS OR
10	2	Je Le	0	everna Park		Merid	lian Nurs:	ing Ce	enter		okkee			hool	
10212	hou	35	130.	JAL RESIDENCE (IF NURS STATE Maryland	136 COU	NTY	GIVE RESIDENCE BEFORE 131. CITY OR TOW 1 Glen Bu	'N	13d INSIDE CITY LIMITS	13e STRE 405	Second	ZIP CO	S.W.	21	1061
RYL/	this see	ZA N	[14. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		W	1.457	
MA	pa de	Suck C) :	Thomas		MIDDLE	Borgia	a	Frances		WIDDLE		(U:	nkno	wn)
ORE,	tecut	Poges 1		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT (DE	aughter	-In-L	aw)	۸-1-	Q.L.	
IWO	9 6	Pog-		No	(11 123 01	N/A	097.03.0	0039	Mrs. Ann I		er Se	258 everna	Oak Park	. Md	21146
BALTIMORE, M	ote b	popers novol.		18 CAUSE OF DEAT	H (Enter a)	nly ane cause per	line far (a), (b), an	d ic-		000			BETY	PROXIMA	TE INTERVAL
T.	raffic ph	>		PART I. DEATH W		TE CAUSE (o)(CARDIOR	LESPI	NATORY	ARR	HT				
W. PRESTON ST.,	th cer	corb or r				DUE TO, O	R AS A CONSEQUE	ENCE OF	- 11 - 1	(m 00)	4				
EST	deo	fron		Conditions, if ony,		(d)	METASTA	HIC	CARCIN	00 M	-				
. P.	å å	rem remo		gave rise to imm	g the	DUE TO, O	R AS A CONSEQUE	ENCE OF					8 6		
2	thot	al, c		underlying cause	last	(c)_									
DIVISION OF VITAL RECORDS, 201	eduires	Then pl	NO	PART 2. OTHER SIGN			YPER TE	4.4	NOT RELATED TO THE T	TERMINAL DIS	EASE OR CO	NDITION	IVEN IN PAI	RT Ira	
ECO	W.C.	pria ony	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	20b. IF	ES, WERE FI	NDING:	S USED
ALR	he li	a de la	Ē	333 - 100						YES [NO		YES [NO [
Y.	hysic T	entol Hygu	7 8	21a. ACCIDENT WAS UNE				AY YEAR	216 HOW INJURY OC	CURRED (ENT	ER NATURE OF IN	JURY IN ITEM 1	B PART I OR PAR	RT 2)	
NO.	ICIA 19 p	tem to	l ₹	LIF EITHER NOTIFY MEDI	CALEXAMINE	AID	М.	19							
SION	PHY	d of M	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY	ARM ETC }	21f LOCATION STREET		circos	topen i	touv	riv.	51676
N	SZ S	os th th or orke	1	AT WORK AT WO	RK L					C-1	3	13	86		
	0 Z	depl depl		22a.1 certify that (1)		70 1 "	e deceased from	210	10 19	8 6 to	2	28	10 1 6		at (I) (we) los
	ATTE	a for			ed alive or di dital d no	at view the bady	after death.		nd that in (my) (aur) api	inian death occ	urred an the	date and h	aur and fran	n the cau	uses stated
	OR e ho	Dept f Her		226 SIGNATURE	1.44	0			DEGREE ATTENDIN	NG MEDIC	TZ IA	AFF	22c. 0	DATE SIC	GNED
	ITAL by th	A tote		()	100	V-C			PHYSICIA	N DIRECT	OR PHYS			2/10	1/86
	HOSPITAL	the St		22d PHYSICIAN'S NA					22e ADDRESS						
	etoin T		-	Dr. Surya					203 Pataps		-	altimo	re, Mo	d. 2	1225
	F = -		23a	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL				EMETERY OR CREMATO		CITY OR TOWN		COUNTY		STATE
	BP_		24 6		2 .	March	17,1986	Glen l	Haven Mem.		len Bu				
		16 60M 7/84		UNERAL DIRECTOR	J.	Horpke	ADDRESS		250	MAR 1	8 1986) ZSB. REG	STRAR'S SIC	invr 18	Falance
	(VRA	A 15, 4)	S	ingleton Fu	inera	I Home,	Glen Bur	nie,	Md.	-8300 do c 7		43			



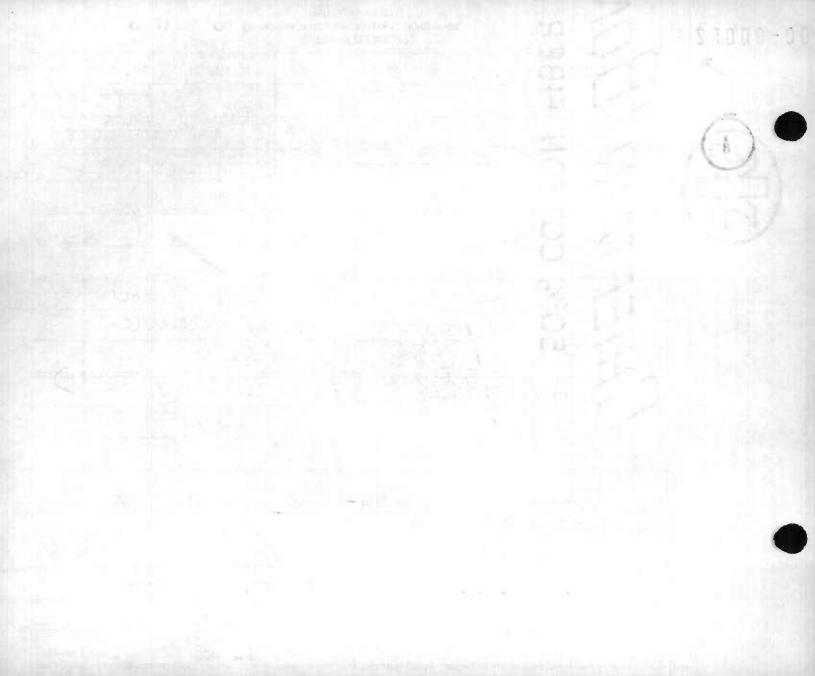
2		STATE OF MARYLAND
N	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O U 6 6 4 U
D80 E0 40	. 7	REGISTRAR CERTIFICATE OF DEATH REG. NO.
2		CEASED MAMY FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
0 1 10		Lleange David HORNER 3-28-86 75 m
24 1 11	3. SE	A RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. MONTH DAY YEAR MONTHS DAYS HOURS MIN.
3	1	1700 Laucasion 8-6-1908 1/ VRS
3 43 6 2	7a. BI	RTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 19 BALTIMORE CITY OF COUNTY OF DEATH
3 11/2	7	INCANIA U.S. H WIDOWED DINORCED HINNE HOWALL TOO
Y 1 11 X/	ID C	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 11 TYPE OF WORK FOR MOST
28 1 1000	1	severna PKI. 1995 478 Fair UAKS DTI General Duttes Packing
2 1 1 24	1150	AL RESIDENCE IN MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION DEPORTS ITS COUNTY IN THE STREET ADDRESS ZIP CODE
ALC INC	11	AND A. Arundel Severno Perincipe City Limits? 136 STREET ADDRESS ZIP CODO AKDrzily 6
1 15/12	III FA	ATHER'S NAME FIRST LAST
1000	/_	George D. Horner, of Charlotte Mister
8 5 R R 1 1/		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VES INDOM PRICE GIVE WAR OF DATES)
1 3 (1) /		100
4 2 1 TE		18 CAUSE OF DEATH Enter only one cause per line for rol, (b), and ic PART I. DEATH WAS CAUSED BY.
5 D 1 201		IMMEDIATE CAUSE 10) CANCOLO A MUNICIPAL COLOM
ST 4 900 9		DUE TO, OR AS PONSEQUENCE OF CLIP CONTRACTOR OF CONTRACTOR
MES des		gove rise to immediate
2 7 1 1111		cause (a), stating the UNETO, ORES CONSOURNEED TO CONS
5 2 4 25 6		(c) Certy Current
8 8 9 9 9 9	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE FEM INAL DISEASE OR CONDITION GIVEN IN PART 110
8 2 1 17	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
2 2 1 1 1 1 1	IFIC	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
I of a sign	CERT	216 ACCIDENT WAS UNDERLYING 7 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
またのき者 手書き まく	AL.	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
S O HE SHE	MEDIC	21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION
NA COLOR	×	MHILE NOT WHILE AT WORK AT WORK
MO STATE OF		220 certify that (1) (this harpitate attended the deceased from 700, 15 1986 to March 28 19 86 that (1) (this harpitate attended the deceased from 700, 15
THE PARTY OF THE P		sow the deceased alive an Mark 20 19 78 and that in (my) (auc) apinion death accurred on the date and hou and from the causes stated above, (1) (was the light of
7 1 W 1 1 1	184	IGNATURE DEGREE 201. DEGREE
01 080 = 1		1904 M. OLichardsen, M.D. ATTENDING MEDICAL STAFF 3/29/86
HOSPITA med by FUNES old be d of the Sto		THE PHYSICIAL'S NAME (TYPE OF PRINT) 22e ADDRESS
HOSE pined pined politic		SARVM, Kich PROSON, MO. VD4 FORbec Street ANNADOLIS MOZIFOI
0 8 2 8 T B	73g-t	VIRIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR GREMATORY 236 LOCATION
BP	4	Tirial B/30/86 Cape (Moles Come Cape Charles VH
DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE.
(VRA 15, 4)		DARRANCO FH. SEVETOS DO JULIANIA
		31106

THE BUPLET OF THE STATE OF THE a) the day small in the first the same in THE PROPERTY OF THE PARTY OF THE STATE OF TH AND A CONTROL OF THE PROPERTY HERENING ENGLISHED WITH A TRAVER AND SERVICE MARKET BURNESS OF THE STATE OF THE WAS A DECEMBER OF THE STATE OF THE

(VRA 15, 4)

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 6 6 4 1												
. 7	1-	STATE REGISTRAR	DEPAI		ICATE OF DEATH		00	est est					
11		CEASED NAME FIRST	WIDDLE	L	AST	REG. NO 20. DATE OF DEATH							
	(TYPE	ANGELA	R.	НОН	RTON	MARCH 14,	1986	9:15 A					
	3. SE	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS					
	-	Temale	White	Fe		81	YRS.	NOOKS MIN.					
2		RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH						
Z	1	MD.	U.S.A.	WIDOWE			DEL COUNTY	MD.					
54	MI CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE		PROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE INDUST	D OF BUSINESS OR					
1		LEN BURNIE AL RESIDENCE HE NURSING HOMEOR	NORTH ARUNDEL		ral	HOME MAKER							
36	3a. S	STATE COUN	NTY 13c CITY OR TO	NWC		13. STREET ADDRESS	1 4 1 6	0-0-0					
20	M FA	ATHER'S NAME	BALT	0.	YES NO 1	3819 S.	HANOUE	1 5/.					
9//	7		MIDDLE	lier	Rose	MIDDLE		LAST					
00		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRE	SS						
1	(YES NOOR UNKNOWN) (IF YES, GIV	WAR OR DATES) 302-03	3-7307	VALERIE A	LESHIRE (SAME AS	13e)					
4		18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b),	ond ic (2 - 0			ROXIMATE INTERVAL EEN ONSET AND DEATH					
- ×	10		IE CAUSE (0) Thet	aste	to (cerc	mou a	al						
010			DUE TO, OR AS A CONSE	QUENCE OF	1								
200		Conditions, if ony, which gove rise to immediate	(b) the	ree	of lan	ne							
ner 1	43	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	SUENCE OF	5								
0	34		() \) () () ()	0.05.4711.0117	NOV DEL ATER TO THE TERM								
بريمار	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	IO DEATH BUT	NOT RELATED TO THE TERMS	INAL DISEASE OR CON	DITION GIVEN IN PAR	1 110					
	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	70e AUTOPSY?	20b. IF YES, WERE FIN	IDINGS USED					
Smo	TIFIC					VES [] NO[]	IN CERTIFYING CAU	NO [
0	GR	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM IB PART I OR PART	2)					
E	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	AIN .	19	Market St.								
3	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE					
orke		AT WORK AT WORK		-2/-5	N36	2/10	3e/-						
- IS			tal) attended the deceased from	_	id that in (my) (our) opinion d	leath accurred on the da	nte and hour and from	, that (I) (wellost					
7 86		obove, (I) (we) (did) (did no 22b, SIGNATURE	of view the body after death.		DEGREE.	·····		AJE SIGNED					
£		N. IXB	Leen	-	ATTENDING PHYSICIANI TO	MEDICAL STAF	FF -	(N/X)					
Z		224 PHYSICIAN'S NAME (TYPE O)R PRINT)	1	122 ADDRESS	JAHART ROAD		1.710 6					
		ROBERT B. KR	OOPNICK, M.D.			SURNIE, MARY							
-		BURIAL, CREMATION, REMOVAL	23b DATE 2		EMETERY OR CREMATORY	23d LOCATION							
14		(SPECIFY) Burial	3/17/86	Cedar	Hill Cemete	P							
7/84		UNERAL DIRECTOR Ba.	lto. Md. APDRES	212	250 DATE	RECD BY REGISTRAR	File Deciden	Mouse					
	G	eorge J. Gone	ce 4001 Ritc	hie He	wy III	1 20 1900							

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8		6
	REG.	NO

REGISTRAR				CERTIFICATE OF DEATH REG. NO. U 6 0 4												
1 DECEASED NAME	FIRST	M	IDDLE	1/	AST	DAY	YEAR	26 HOL	JR							
GERTRUDE	C.	MA	E H	fow LI	AND		3 -	10-	86	1	45 M					
3. SEX	4	RACE		5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER	R I YEAR DAYS	IF UNDER	R 24 HRS					
FEMALE		CAUS		May	10, 1900	85	YRS.	MONTHS	DATS	HOOKS	MIN.					
TO BIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF V	VHAT COUNTRY	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DE	OF DEATH							
Washington D	.c.	U.S	.A.	WIDOWE		ANNE	141	RUN	UNDEL MD.							
CITY OR TOWN OF DE.	ATH 1		OSPITAL, NURS		R OTHER INSTITUTION	120 USUAL OCCUPA	ATION	12b. KIND OF BUSINESS OR								
Edgewater	1				NU, CENTER											
OSUAL RESIDENCE (IF NUR 130. STATE Maryland	Calve:	Y	Sive RESIDENCE BEFO 13c. CITY OR TO North B)WN	138 INSIDE CITY LIMITS?	13e STREET ADDRES 4036 9t			207	714						
14 FATHER'S NAME	24.0	DDLE	LAST		15 MOTHER'S MAIDEN NA	ME										
Clinton	24/1	DDLE		rne	FIRST Unl	known		4 Florin Way								
160 WAS DECEASED EVER		ED FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT	ADD	RESS	1 Flo	rin	Marz						
No	N/A	WAR OR DATES	577-42-	5289	Mrs Alice Do	uglas _{Ib}	per M	rlbo	T TII	va 2	0772					
CAUSE OF DEAT	H (Enter only	one couse per l	ine fai (a), (b), (and ic			1		APPROXIMETWEEN O							
PART I. DE ATH V	IMMEDIATE		75.47	ASC	UD			6	184	ES						
		400	AS A CONSEQ	DUENCE OF				7			-					
Conditions, if ony		(b)														
gave rise to im		DUE TO, OR	AS A CONSEQ	UENCE OF												
underlying cause	last.	((c)														
	NIFICANT CO	NDITIONS CO	ntributing to	O DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	ONDITION G	IVEN IN F	PART 110							
190 DATE OF OPERA				3												
90 DATE OF OPERA	TION	196 CONDIT	ION FOR WHIC	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?		ES, WERE								
# T						YES NO		YES		NO [
OR CONTRIBUTING		HOUR A.M		DAY YEAR	211 HOW INJURY OCCUR	RED (ENTER NATURE OF IN	NJURY IN ITEM 18	B PART OR	PART 2)							
(IF EITHER NOTIFY MED	CALEXAMINER)	P.A		19												
21d INJURY OCCUR	RED HILE	21e PLACE C	ET, FACTORY, OFFIC	E FARM, ETC)	21f LOCATION STREET	CITY OR	TOWN	cou	UNIY		STATE					
ORK AT WO	ORK -															
27s I certify that ()		l) attended the	deceased from		115-4	, to	1.4 (1)	. 19								
gode: (l) (we) (nd) (did not)	view thinling of a	fter death.		d that in (my) (our) opinion i	death occurred on the	dote and hi									
DIE SIGNATURE		VX	2	1.9	ATTENDING .	MEDICAL _ ST	TAFF		DATE S							
224 PHYSICIANISH	AMU TUPE OR P		one	e -/	PHYSICIAN [DIRECTOR PHY	SICIAN		5 /	0- 1						
JO0	B	460	Is m	D	77 WEST	ST. AN	NOP.	MD), 👝	214	101					
23a. BURIAL, CRÉMATION	REMOVAL	23b. DAJE	23	c. NAME OF CI	EMETERY OR CREMATORY	23d LOCATION		1110								
Burial	31-15	03/12	2/86	Cedar H	ill Cemetery	Suitlar	nd	P. C	7.	Mo	TATE					

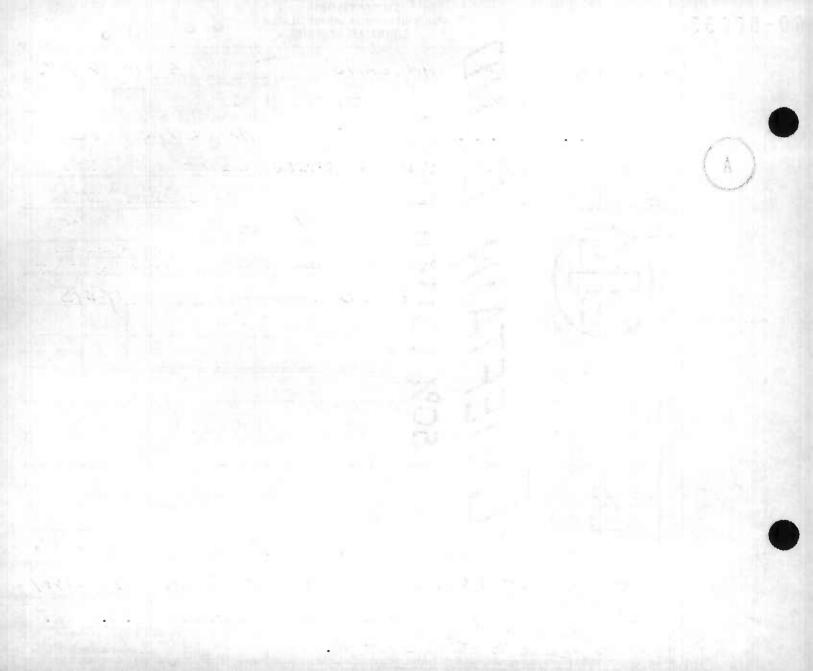
DHMH - 16 60M 7/B4 (VRA 15, 4)

Lee Funeral Home, Inc 6633 Old Alexander Ferry Rd. Clinton Md 20735

Sultland

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

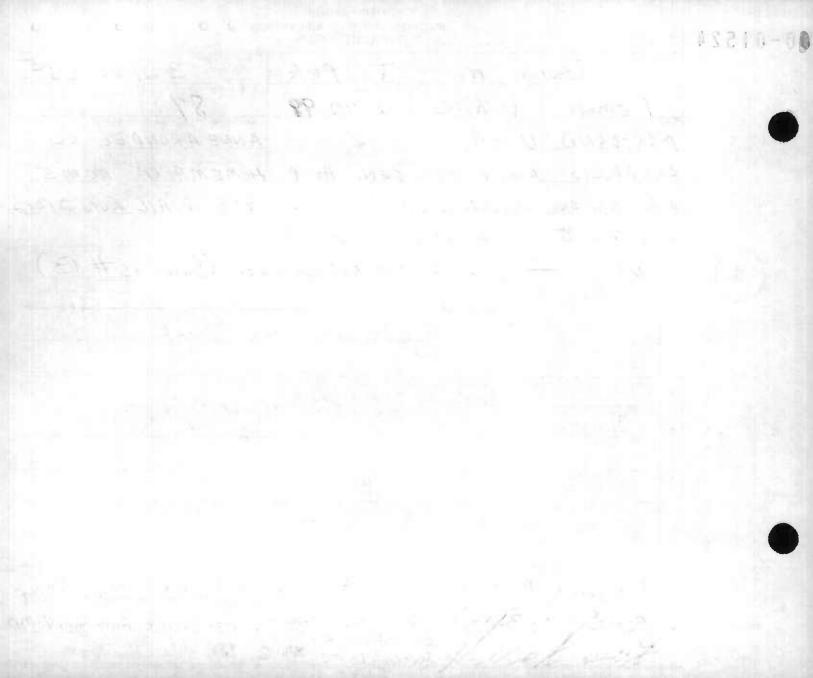
... www.dson-Mandelle



		1				STATE	OF MARYLAND						
00-	01925	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 6	0	6	6 4 4		
			CEASED NAME FIRST	100	MIDDLE	L	ST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
	2 3 3		Hele		lizabeth		ughes	March 2	,		4:40P M		
	1 11	1.5E	X	4 RACE		5 DATE O	DAY VEAR	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UI	NDER I YEAR	HOURS MIN		
_	an de de	12	Female	Caucas	ian	Septe	mber 19,1909	76	YRS				
	69 8/1	7a.15	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH			
-	A II X		ennsylvania	United	States	WIDOWE		Anne Arund	lel Cour	nty,	MD.		
	11/11/3	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPATIO		126 KIND	OF BUSINESS OR		
0 1	1 1 ション	A	nnapolis		rundel Ge		Hospital	Homemaker		Own Home			
13	1 101	JSU I3n	AL RESIDENCE (IF NURSING HONESTATE	OR OTHER INSTITUTION	134 CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	7ID CODE		- 31 - 1 - 1		
2	1 2125	and the same of		arles	Waldor		YES NO X	1523 Nicho	las Roa	ad /	20601		
7	I In Ac	n d ecember.	ATHER'S NAME	1000000			15. MOTHER'S MAIDEN NA						
NA.	\$ 13 MX	X.	William	MIDDLE	Prevai	1	Mame	WIDDLE		Quaid			
til.	1 10 11		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRES	SS		V - 3 -		
IIMO		1	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	578-03-6	766	Mr. William H	R. Hughes, S	on, Sar	ne as	#13		
N. S.	2 2 2 2		18 CAUSE OF DEATH (Enter		er line for (a) (b), an	dic	14			APPRO	XIMATE INTERVAL		
ta.	on physical company	15	PART I. DEATH WAS CAU	IATE CAUSE (a)	KOO	010	ton Acc	enl					
N.	4 6 6 6		and the second	DUE TO C	OR AS A CONSEQU	NCE OF	, ,				D. W. Les		
EST	The state of		Conditions, if any, which	((b)_		rec	monia						
7 7	4 4 4 4		gave rise to immediate cause (a), stating the	DUE TO, C	OR AS A CONSEQUI		00.01	1 1	1100	5			
5 10	the state of the s		underlying cause last	(c)_		renci		uscular d	Bear				
05. 2	page berg to berg	Z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	TION GIVEN	IN PART 1	а		
8	1 1117	- E	90 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FIND	INGS USED		
2 2	2 282 3	1 8		30 M A A S				YES NO X	IN CERTIFYING	G CAUSE	S OF DEATH?		
AT.		1 1	210. ACCIDENT WAS UNDERLYING		OF INJURY		216 HOW INJURY OCCURR		_	ORPART 2)			
P.	34 445 14	14	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH D	AY YEAR							
Z O	day of the	MEDIC	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION						
VISI	of the state of th	×	ORK NOT WHILE AT WORK	(AT HOME S	TREET, FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR TOV	VN .	COUNTY	STATE		
0	de de la		220 I certify that (I) (this ho	spital) attended t	he deceased from	Fe	0. 1, 10 80		19.	86	, that (I) (we) lost		
-	THE STATE		deceased deceased	Ti view the bod	100	6 00	that in Imy (out opinion o	death accurred an the da					
	A PARTY OF THE PAR		73% SM VATURE	7 /	7	1	EGREE			22c DAT	E SIGNED		
_	71 711		11/4	1 5	1/1	-	ATTENDING PHYSICIAN 3	MEDICAL STAF	FIANT	Marc	h 24,198		
	E- 91437	1	22d. PHYSICIAN'S NAME (III	PO DE PREMIS	-	-	ADDRESS 1667	Crofton Cer	iter, Si	uite	#1		
	HOS TUNA		Paul Rhod	les, M.D.				ton, Marylar					
	5 5 5 6 2 3 4	23o	BURIAL, CREMATION, REMOVAL 236 DATE March 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION										
	BP		Burial	27,	1986 St	. John	's Cemetery	Forest G1	len, Ma	ry1an	nd STATE		
	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR Rober				Iomes 250 DAT	REC'D BY REGISTRAR	Sh REGISTRAD	SSIGNA	THIPE		
	(VRA 15, 4)	P.	A., 7557 Wisco	nsin Ave	nue, Beth	esda,	Maryland N	IAR 31 1986	Grena Day	Heichel	N. S.		
										_			

Kon To the K P. Chang confusional during the

0-00045	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 6	0 6 6 4 5 EST		
6	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
ay be oge 3 deoth	JOHN	L	IRWIN	MARCH 1	1, 1986 1245 AN		
may . pool	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS		
rs afor	Male	White	44th 27 053°	82 YRS	MONTHS DATS HOURS MIN.		
neral dir	Ja. BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED XX WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY ANNE ARUND			
134	10. CITY OR TOWN OF DEATH GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) EL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Clazer	12b. KIND OF BUSINESS OR INDUSTRY Lumber		
165	USUAL RESIDENCE (IF NURSING HOA 130 STATE 136 C Maryland	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DUNTY A.A. 134. CITY OR TO Pasaden	WN 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 8019 Outing Av	enue 21122		
the death certificate be see used within 24 fourst the assemble of a majority of the 2 should be the service of the 2 should be the service of the 2 should be the service of the service	14 FATHER'S NAME FIRST William	MIDDLE LAST ITW		.beth	Lowe		
ord co	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) 18 YE	ARMED FORCES? 166 SOCIAL SEC S GIVE WAR OR DATES) 215-03-		ADDRESS (ester 5400 Rolan	21210 d Avenue BaltoMo		
m. that t please t please y, or othe	Conditions, if any, which gove rise to immediate cause 101, stoting the underlying cause lost PART 2 OTHER SIGNIFICA 19a. DATE OF OPER/ ION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEO (c) TO CONDITIONS CONTRIBUTING TO WE TLANT FA	DUENCE OF DEATH BUT NOT RELATED TO THE TERM THO PERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	VEN IN PART 110 S, WERE FINDINGS USED FYING CAUSES OF DEATH?		
NG PHYSICIAN: The language attending physicia there this certificate has been os the burial-transit permit in and Mental Hygiene print the ord Mental B shows any integrated or tem 18 shows any integrated or temp.		FDEATH HOUR A.M. MONTH	DAY YEAR		ES NO		
after this cost the burner orked ar th	OR CONTRIBUTING CAUSE OF	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	E. FARM ETC.) 2H LOCATION STREET	CITY OR TOWN	COUNTY STATE		
AL OR ATTENDE y the hospital at AL DIRECTOR A detached for use are Dept of Heal		ospital) stended the deceased from a n 19 d not; view the body after death.	DEGREE	death occurred on the date and had	19 that (I) (we) lost ar and from the causes stated 22c DATE SIGNED 3-11-86		
O HOSPITAL choiced by the should be det with the State IMPORTANT		HSU. M.D.	GLEN BI	7845 OAKWOOD ROAD IRNIE, MARYLAND 2	,		
BP	230 BURIAL, CREMATION, REMO	1 1 1	ew Cathedral Cemete	ry Baltimore	COUNTY Md		
DHMH - 16 60M 7/B4 (VRA 15, 4)	George J. Gond	e 4001 Ritchie	Hgwy Balto Md	TE REC'D BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE		



TO G G G CONTRACTOR Se aspect some bank of the second of the I the state god states slower Chiaman south Anne Arme Armadel Brown to Domocrate Bush Driving of 15 15 Eller sound Topic Sammed 1218 1 x 2 21/2 annot 11 A 1 a 11/1 Debries Design Control of the NO LINE SET OF THE CHARLES & CRESHIP HIS O LITTLE TO BE and Alexander to a state of the superbound of a rest and the second of the comment of the second of the second

00-02479		1-	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 8	6 REG. NO	0 6	5	48
	/		CEASED NAME FIRST	MIDDI	lE .	EAST	20 DATE C	F DEATH MO	NTH DAY	YEAR	26 HOUR
poge 3	5	TITPE	ORPRINT) ANNI	5	TONA	SONI		3	30	86	M
you od	1	3. SE		4. RACE	70/1/-	ATE OF BIRTH	6. AGE IIN	YEARS LAST BIRTHD		DER I YEAR	IF UNDER 24 HRS
e affe			Female	BLACK		MONTH 28 1912	114		YRS.	DAYS	HOURS MIN.
P 00	1		RTHPLACE (STATEJOR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?		9 BALTIM	ORE CITY OR C		DEATH	
deoth Pog	3		COUNTRY)	11.5.A		ARRIED NEVER MARRIED DOWNED DIVORCED		A.A.			MD.
P / 20	Aur	10 C	TY OR TOWN OF DEATH		PITAL, NURSING H	OME OR OTHER INSTITUTION	12a USUA1	OCCUPATION			F BUSINESS OR
of the state of th	VS	(A)	NNADOlis	ANNE F	OUNDE STREET ADDRE	reveral		WIESTIC		NDUSTRY	
212 hour	1	USU:	TATE A 1 136 COL	OR OTHER INSTITUTION, GIVE		SION)		ADDRESS / Z	Mary III	21	2/1/
AND n 24	0		Md. F). A. IE	NOTBANE	S YES NO	145	Clav	37.	CV!	101
.RYL.	01	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN N	AME	MIDDLE	111	LAS	1
MA	17	V	VIIIAM	JOHN	150N	MB)16	2h	(-01E	> G)"	T
MORE e execu			VAS DECEASED EVER IN U.S. A	RMED FORCES? (16b	SOCIAL SECURITY	NO. 17. INFORMANT	1	ADDRESS	ANNOR	0/151	M
be e s. Po	1		NO			LOIA DMIT	416	5 6 857	Port	ler	erace
BAL Cote cote oper- ovol.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per the	fa (0), (b), and (c).	~ A /	1			BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,				ATE CAUSE (a)	er ceu c	avaireme of l	ung.			XV	MOS -
ON th ce rearb				DUE TO, OR AS	A CONSEQUENCE	OF U	1				
PRESTON he death c enove cort motion, or r traumotic			Canditions, if any, which gave rise to immediate	(p)							
. + + 2 0 0			cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE	OF			1877		
201 W 201 W es that hed by please urial, cr				((c)							
20 10 10 10		NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEAT	BUT NOT RELATED TO THE TER	MINAL DISEA	SE OR CONDIT	ION GIVEN II	PART lic	2
L RECORD Le low requons no been s permit. The nne prior to ws ony initi	9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPE	RATION WAS PERFORMED	20a AUT YES □	OPSY?	DE IF YES, WE N CERTIFYING YES	RE FINDING CAUSES	OF DEATH?
VITAL N. The hysicior incore hysiciorsit pronsit proposite Hygier	1	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU		-		OR PART 2)	
	9	ICAL (OR CONTRIBUTING CAUSE OF D	EAIH	MONTH DAY	YEAR					
PHYSIC ending this cert the buriol ad Menti		DIC	(IF EITHER NOTIFY DICAL EXAMIN	21e. PLACE OF I		211 LOCATION	10-1				
DIVISION OF ING PHYSICIA T offer this certif os the buriol: (th ond Mentol orked or fem.		MEDI	NOW A STREET OF	(AT HOME STREET	FACTORY, OFFICE, FARM	STREET		CIN OR TOWN		COUNTY	STATE
a sole			22n.1 certify that (It (this has	pital) attended the de	repsed from	4941 1987	, to	3130	. 19	6	that (I) (we) last
R ATTEN hospital RECTOR and for up of He for up of Hem 21 is			say the declared along a above the sent and I did y	of view the body offi	19 Xb	, and that in (my) (our) apinia	n death accurr	ed an the date	and have and	from the	causes stated
OR A he hos A be hos A be hos A be hos Boept If Hem			IZA SIGNATURE	1 206 -	_	DEGREE				ZZL DATE	SINED
AL CAL Cherocote Dote Dote Dote			Jelle	MOVE	- m	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	10	4/3/	12
TO HOSPITAL retained by th TO FUNERAL should be defend with the State MPORTANT.			224 PHYSIGHAS NAME (1H)	OR PRINCI	ALLEY OF	22e ADDRESS		7 100			
O HOS etoined TO FUN with the MPORT								F 6250			
7 5 5 2 3 ≤			SURIAL, CREMATION, REMOVA	L 236 DATE	23c NAM	OF CEMETERY OR CREMATORY	23d. LOC	ATION	LM(s)	INTYA	A STATE
BP			541121	14/5/	86 10%	ewer Hill	(A)	NAPOLI	5 F	1, A.	Mdi
DHMH - 16 50M 4/83	3	24 F	INERAL DIRECTOR	1 1	14DDRESS 821	West St. 150 D	ATE REC'D. BY	REGISTRAR 256		SSIGNATI	
(VRA 15, 4)		W	Illiam Keese	4 SONS 1419	1. rugi. N	HNNa. Md. AFT	n U O I	300	-	200	10-0-0

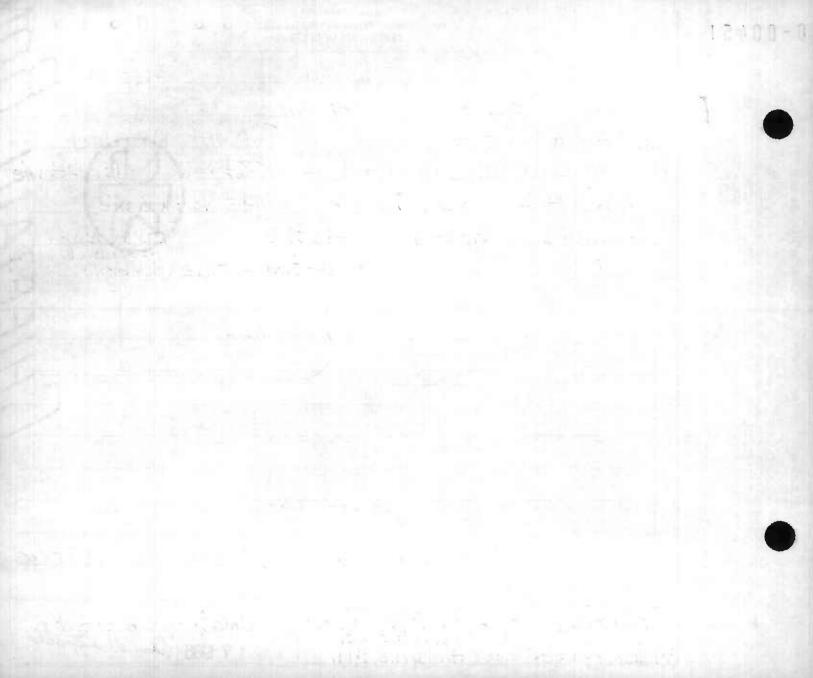
STATE OF MARYLAND

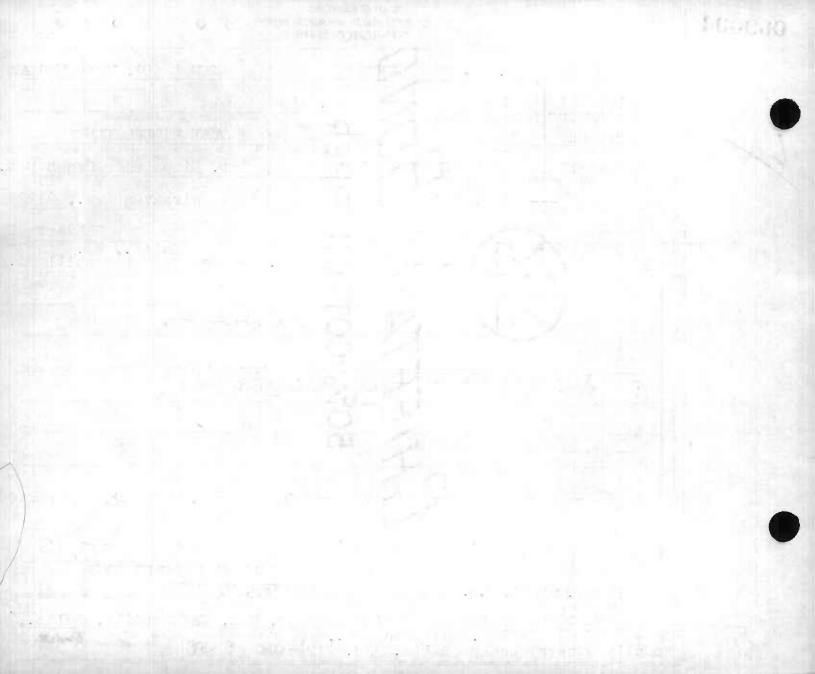
00-02178 The Local Control of the Control of LIMINE ESTERATION OF THE ANDREW

6066170	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 6 5 4 EST CERTIFICATE OF DEATH REG. NO.								
noy be poge 3		CEASED NAME FIRST IDA	LILLIAN	JOHNSON	20 DATE OF DEATH MONTH	3, 1986 26 HOUR AM					
no)	3. SE	emale	White	July 1, 1903	6 AGE (IN YEARS LAST BIRTHDAY) 82 YRS.	IF UNDER LYEAR IF UNDER 24 HRS					
4135		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNT	DEL COUNTY					
(1)37	10 C	GLEN BURNIE		ING HOME OR OTHER INSTITUTION	12g USUAL OCCUPATION JIYPE OF WORK FOR MOST OF WORKING. Housewife	126. KIND OF BUSINESS OR					
7 11 15	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME C TATE 136 COL Anne	OR OTHER INSTITUTION GIVE RESIDENCE BEFORM Arundel Glen Br	wn 13d Inside city Limits? yes no	13e STREET ADDRESS / ZIP COL	21061 Clen Burnie Md.					
500	14. F.A	THER'S NAME FREE FREE FREE FREE FREE FREE FREE FR	MIDDLE Hahn	15 MOTHER'S MAIDEN N Sarah	M . MIDDLE	Duvall					
BALLIMORE cote be executy sicon and copers. Pages wol. 11, the medical		VAS DECEASED EVER IN U.S. A (ES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166, SOCIAL SEC		ADDRESS G	len Burnie,Md. ey Rd. 21061					
f., BALT inficote b physicio npopers. movol.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o		1 enlargh	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DIVISION OF VITAL RECORDS, 201 W. PRESION 31,, ING PHYSICIAN: The low requires that the death certific ottending physicion. When this certificate has been signed by the ottending ph os the buriol-transit permit. Then please remove carbon ph and Mental Hygiene prior to buriol, cremation, or removed or them 18 showcony injury, or other troumatic ever order or the control of the		Conditions, if any, which gove rise to immediate couse Ioi, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE		d						
DS, 201 quires the signed b hen pleo to burnol, ijury, or o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition g	IVEN IN PART 110					
ne low re on. hos been permit lene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{NO} \)					
PHYSICIAN: The ending physicion this certificate be build-transit and Mental Hygie d or frem 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18						
G PHYSIC offending fer this cer sthe burio	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT MOME, STREET FACTORY OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE					
R ATTENDIN hospital or RECTOR. After the for the office spt of Health		220.1 certify that (1) (this hosp sow the accessed alive o	oitol) ottended the deceosed from	Lo and that in (my)(our) opinio	n death occurred on the date and ha	, 19 that (we) lost					
0 " 0 " 0 "		22b. SIGNATURE	7/4	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGNED PE					
TO HOSPITAL of the cetoined by the TO FUNERAL should be deto with the Store funeral mapportant; if		22d PHYSIC AN'S NA CHARLES J	O.	22e ADDRESS	7845 OAKWOOD ROA	D, SUITH 204 21061					
BP	230 E	URIAL, CREMATION, REMOVA SPECIFY) Burial	L 23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY	CITY OR TOWN	Anne ArundelMa					
DHMH - 16 60M 7/B4 (VRA 15, 4)		NERAL DIRECTOR NAME Cully F.H. 32	204 Mountain Rd.	21122 25a. D.	ATERECO. BY REGISTRARISH REGIST	STRATE SIGNATURA STRATE SIGNATURA SI					

. Befabrusa anna aligno as a servici della della

	1				STATE OF MAR	YLAND	27	**	, ,	2-8
1-00	451	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AN CERTIFICATE O		NE 3 0	0	0 0	3 0
			CEASED NAME FIRST	MIDDLE	LAST	12		MONTH DAY	YEAR	26. HOUR
e e	deoth deoth	1 TYPE	Jer!	W	JOHNS	201		3 13	86	
you	pog r de	3 SE		14 RACE	5. DATE OF BIRTH	6	AGE (IN YEARS LAST BIR		NDER 1 YEAR	IF UNDER 24 HRS
ge 4 n	rector.		Male	Black	MONTH 3/	1911	75	YRS		HOURS MIN,
F. P.	10 th 10 th	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS	MARRIED NEV	ER MARRIED	BALTIMORE CITY C	COUNTY OF	DEATH	,
deo	and Car	10 C	IT OR TOWN OF DEATH	11. NAME OF HOSPITAL NUR	WIDOWED THER I	DIVORCED	BINNE	Hry	NNe	MD.
1 offer	of the	0	2110001111	UF NOT IN SUCH FACILITY, GIVESTE		COAL	1/ (1 -)		MOUSTRY	F BUSINESS OR
2120 100rrs	be fill	NSU.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BE		G-C10-1	Ketired		170	DOWIE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician.	filled and a second sec	130.	STATE MID, 136 COUP	A. GAMI	OWN 13d. INSID	NO [STREET ADDRESS	ZIP CODE	JA/	054
RYL/	Kraf 2 st	14.F/	THER'S NAME	MIDDLE LAST	15 MOTH	ER'S MAIDEN NAME	WIDDLE		A LAST	
, MA	Idwo		Kichard	by ee	V	attie		15)12	NOC	2)°d
ORE	Poges medicol		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV	RMED FORCES? 166 SOCIAL SE	ECURITY NO. 17 INFOR	MANT 2	ADDRI	ESS Kt.35	south	Bound L
LTIN be	ers. P		140		15)ハ	ESTINE	K. Olive	12 Damb	1-1115,	Md2105
, 8A	pop de la company			nly one cause per line for (a), (b), ED BY:		r /			BET WEEN O	MATE INTERVAL DINSET AND DEATH
LST.	P. 2	A	IMMEDIA	TE CAUSE (0)	respirator	y tailu	re			
oth to	000	8	Conditions if any birt	DUE TO, OR AS A CONSEC		. 1.1				
e de	0 0 0	-	Conditions, if any, which gove rise to immediate	(b)	lmonury	empoli	Sm			
¥ †	by the		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC	QUENCE OF					
201 es th	pled pled priol		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING I	O DEATH BUT NOT BELA	TED TO THE TERMIN	AL DISEASE OR CON	DITION GIVEN	INI PART 1/-	
SDS,	Then to b	Z				TES TO THE TERMINA	ALDISEASE ON COIL	DINOIT CITE!	141 AK1 130	
00 3	prior prior	AT	190. DATE OF OPERATION	19b. CONDITION FOR WHI	ICH OPERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED
L RE	S e e e	Ĕ					YES NOT	IN CERTIFYIN		OF DEATH?
ATA Z	ficote h tronsit Hygier 18 shor	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOV	V INJURY OCCURRED	(ENTER NATURE OF INJU	_		
OF CLAP	TTO E 7		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR					
NO TYSI	burio Burio A Meni	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCA					
VISI G PI	s the and wed	ž	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFI	CE, FARM, ETC) ST	REET	CITY OR TO	IWN	COUNTY	STATE
a Ni	Aft se or mor			ital) attended the deceased fra	m	19.55	, to 3 -	13 19	86 1	hot (I) (we) lost
TTEN	for use of His	137	sow the deceased alive an	3-13-19 ot) view the body after death.	SG, and that in (oth occurred on the d			
OR A bos	DIREC ached Dept. f Item	- 13	22b. SIGNATURE	11.01	2 DEGREE				22c. DATE S	SIGNED
7 €	detak detak ote D		Kuh	17 Pele	en m	PHYSICIAN 2	MEDICAL STA	FF CIAN [3/	15/80
HOSPITA	FUNERAL old be det of the State		22d. PHYSICIAN'S NAME (TYPE O	ORPRINT)	22e. ADD	RESS				7
O HOS	should be deto with the State		RobertT	Peterson						
17	- v s ≤	23a E	SPECIENT REMATION, REMOVAL	. 23b. DATE 1/ 23	NAME OF CEMETERY	OR CREMATORY	23d LOCATION	1 100	OLINA BY	a morale
ВР			1211/11	13/18/86	1. t. 126	050	Chester	Liell	9.A	MA
DHMH	1 - 16 60M 7/B4	24 FL	INERAL DIRECTOR	82 DDRES	VEST ST.	250 DATE R	EC'D. BY REGISTRAR	Sh REGISTRAR	SSIGNA	Stock!
(1	VRA 15, 4)	M	Illiam Keese	FOONS - HNN!	200115, Md.	I MAR	1 / 1986	Julia Day	A CONTRACTOR OF THE PARTY OF TH	





	1		STATE OF MARYLAND										
71135	1	FOR STATE REGISTRAR			DEPAR		CATE OF	MENTAL HYGI DEATH	0 0) . NO.	0 6	5	2
	1. DI	CEASED NAME	FIRST	MID	DLE	L	AST	100	20. DATE OF DEATH		DAY YEAR	2b. HOUR	
2 71 10	-	J	Tohn	Geo	orge	K	ancir			3	3 198	6	M
	1.58			RACE		5. DATE C	F BIRTH		6 AGE IN YEARS LAS	T BIRTHDAY)	# UNDER I YEAR	HOURS	HRS.
4 40 000	1	male	100	white		MONTH 2	6	1914	72	YRS	WOIGINS! DATS	HOURS	MIN.
4 42 69	76.1	INTHPLACE STATE OR	FOREIGN 71	. CITIZEN OF WI	HAT COUNTR	Y? B.	X NEVER	MARRIED -	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH		
2/	Yo	nkers New	York	U.S.A.		WIDOWE		IVORCED [Anne A	rundel			MD
(1)	1	innapolis	X	1. NAME OF HO	General General	al Hosp		TITUTION	120 USUAL OCCUP TYPE OF WORK FOR MC Manager	ST OF WORKING	UFEL INDUSTRY	er Sho	
1 2 2	13a	AL RESIDENCE IN NURS	13h COUNT Queen	Anne's	chest	ORE ADMISSION) OWN OT	13d INSIDE (CITY LIMITS?	13. STREET ADDRES	SS ZIP COI	Chest	er Md 2161	
74	u.	ATHER'S NAME		enous .	LAST		15 MOTHER	S MAIDEN NAM					
11 /1/	V	John	Ĉ	George	K	ancir		Anna	MIDDL		Les		
Poges 1		WAS DECEASED EVER (YES, NO OR UNKNOWN)		WAR OR DATES	361-14		17 INFORM		ene Kanci		#1 Bo		
yaloon magan n. m		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	ane cause per lir	ne facial its,	and (c).1	1	0/0	10		APPRO) SETWEEN	XIMATE INTERV	AL
4000		PARTI. DEATH VI	IMMEDIATE		7	1010	ien	erec	21h				
ooth note				DUE TO, OR A	as a colisec	UENCE OF	121	10	00011				
atto anora autor		Canditians, if any gave rise to imi		(b)	11/5	M	no	od L	ressur	<u>e</u>			
fr the		cause (a), statii underlying cause	ng the	DUE TO, OR A	AS A COMPEC	B. C	V.h	12					
hen ple berio berrio (v.y. o	NOI	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS CON	ITRIBUTING I	O DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR C	ONDITION G	IVEN IN PART I	la,	
1100	CATIC	19a. DATE OF OPERA	TION	19b. CONDITIO	ON FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?		ES, WERE FINDI		
1117	E								YES NO		TIFYING CAUSES YES []	NO [12
18 July 19 Jul	18	210. ACCIDENT WAS UN		216. TIME OF I		DAY YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM IS	PART TORPART 2)		
19817	1 A	OR CONTRIBUTING		P.M.		19							
6 × 6 ×	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE OF	INJURY	E FARM FIC)	211 LOCATI		CITY C	OR TOWN	COUNTY	ST	ATE
400	5	AT WORK NOT WE	HIIE D	(ATTIOME, STREET	I, FACTORY, OFFIC	c, rakm, crc j	11 10	00	1	. , ,	~ N		
100 E		22a. I certify that (I)	(this haspite	al) attended the	deceased from	3 W	11-8	-19 83		-16	P19 A >	, that (I) (w	e) last
0.35 %		saw the deceas	ed alive an_	view the bady at	- / (3 h19	85, ar	d that in (my) (aur) apini <mark>an d</mark>	eath occurred an th	e date and ho	aur and Iram the	causes stat	red
Per le		226. SIGNATURE		10	10		DEGREE		/		22c. DATE	E SIGNED,	4.4
AL D	1	K	(Y.	lus	HU	un)	1	ATTENDING PHYSICIAN	DIRECTOR PH	STAFF YSICIAN []	13.	4-1	16
HUNERAL Ind be de- The State	1	224 PHYSICIAN'S N		PRIN1)			22e ADDRE	SS					
A PORT	L	Kayihan M	lutlu				Castl	le Marin	a Rd. Che	ester,	Md. 216	19	
-213	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE		NAME OF C			23d LOCATION	N	COHNTY	STA	ATE
		Burial		3-5-86	S	tevensv	ille (Cemetery	Stevens	ville	Q.A.	Md.	
H - 16 50M 4/83	24.1	UNERAL DIRECTOR			ADDRES:				REC'D. BY REGISTE		STRAR'S SIGNA		(Int)
(VRA 15, 4)		Tom Helfen	bein F	uneral F		heaten	Md	21610 MA	AR 1 0 198	30	BY SUPERITOR STREET	- Standard	and the same

Approximate the second of the .m. digen gime's chewich to have the life S1619 **建筑** (发展) (表现 OTEL BUILDING DESCRIPTION OF THE PROPERTY OF T in 6 th a return Li nette I . The Table and the second statement of the second se The Heavy of the Party of the Street and Table 1 and the Street an

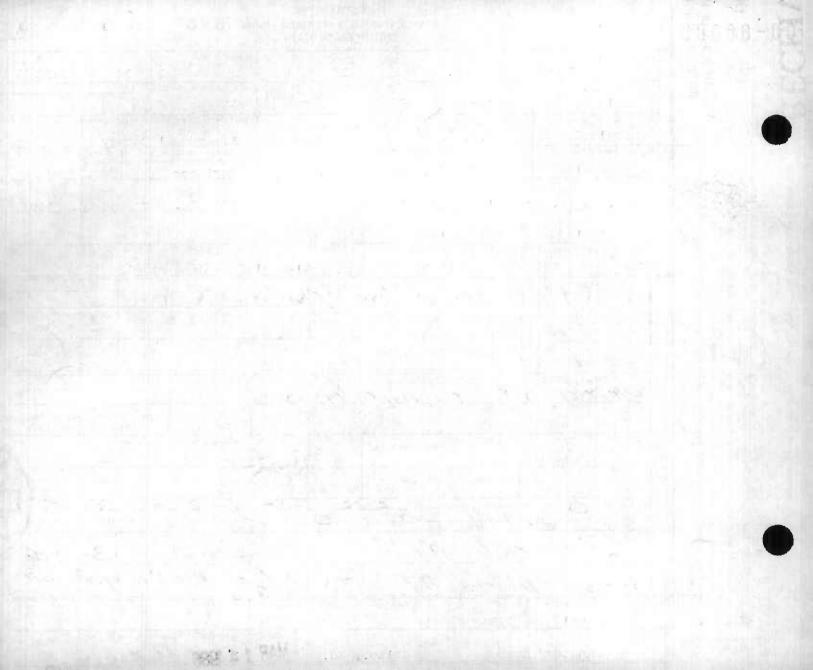
100				STATE OF MAKTLAND	6.75	45		
-01881	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	Н	() G. NO.	6 6	5
) DEC	EASED NAME 1851	MIDDLE	IAST	20 DATE OF DEA		AY YEAR 76	HOUR
. 04		ORPHO-ID OIL I	Lib. To	V-1-		m n	1,001	0
46 000	3 000	Charl	one car	S DATE OF BIRTH	6. AGE (IN YEARS LA	lar. of	FUNDER LYEAR IF L	JNDER 24 HRS
4 99	1 2		4. IOACE	MONTH DAY Y	EAR INTEREST			URS MIN.
40 00	Y	emale	White	Feb. 19, 196	26 60	YRS.		
2 40 8/1	Ja BII	RTHPLACE (SHARI OR FOR IGN DONING	THE CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRI	BALTIMORE CI	Y OR COUNTY	OF DEATH	
12 10	1	Shio	USA	WIDOWED DIVORC		e Aru	ndel	MD
611/	ie Ci	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUT		PATION OST OF WORKING LIFE)	126. KIND OF BU	ISINESS OR
はるうつ	PU	nnapolis	M 0 1	el General Hos	indal Retir	. 4		rvice
1500	USUZ Uhr. S	AL RESIDENCA IN NORSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	MITS? 13e.STREET ADDR	ess / 7IP CODE	214	-01
1120	1	no A	A. Agrap	1		enwoo	1 3t. A.	2000
11/2/	14. FA	THER'S NAME	The street	15 MOTHER'S MAI	DEN NAME	Circo	, ,	1.22
13/13/	1	FIRST MON	Shall Past	To SSI	is Ecto	1 01	lewso	MA
8 4	Fèc. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	CURITY NO. 17 INFORMANT	A	DDRESS	Same a	
10 1	- 19	(IF YES, GI	NE WAR OR DATES)	1975 Tahin K	dward Ke	hoe-	#13	
1		110	OCO. 1	XIX JIOONIN E	GIDARE TIE	Hoes	APPROXIMATE BETWEEN ONSE	INTERVAL
8 1		PART I. DEATH WAS CAUS		and ich			BETWEEN ONSE	T AND DEATH
de la	201	IMMEDIA	TE CAUSE (0)	erry asse	4			
1689			DUE TO, OR AS A CONSEQ	HENCE OF	1. 11 10	6	0 1	-
tion of		Conditions, if any, which	(b) 1 (11)	myoran	in pace	11/25	000	195
11		couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF	0			
000	101	underlying coose lost	(c)					
2 %	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 100	
o di	ě	End stac	o remodal	saciso			FURT	HVER!
46 /	CA	THE DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS ING CAUSES OF	
	TIFE				YES NO	YES		10 🗌
T W	CERT	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c HOW INJURY	OCCURRED (ENTER NATURE C	FINJURY IN ITEM 18 PA	RT I OR PART 2)	
11	ZA!	OR CONTRIBUTING CAUSE OF DE	AID	19				
1	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY	OR TOWN	COUNTY	STATE
hed	E	HILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)			100,50	
mo.	3	220.1 certify that AP (this hase	oital) attended the deceased from	,	84 . to	1	9, tho	(We) lost
2 2		saw the deceased alive a	3-24 19	N	apinian death occurred an	he date and havr		
2 4 5		22b. SIGNATURE	at) yew the bady after death.	DEGREE			22c DATE SIG	NED
0 =		GAMIL	-/2//	ATTEN	DING MEDICAL	STAFF	3-20	282
28.21		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	ICIAN DIRECTOR PI	ITSICIAN [111	1401
		GM,	tohall MI	205	2.11.11 2	200 0	1000	101
513	-)////	(119) 11/12	201 4	210141111	N []	110410/	/
	23s E	DURIAL CREMATION, REMOVA	23h. DATE 23	NAME OF CEMETERY OR CREM	ATORY DI LOCATION	10 1	COUNTY	SMIE
-	1	urial	mar. 27,1486	Holington			ington	VH
M 4/83	/	INERAL DIRECTOR	A APPRESS		250 DATE REC'D. BY REG			
4)	Ito	ylor lunero	al Chapel- Hr	napolis, MD	MAR 2 7 100	6 Grolians	acidnos Das	nda 80

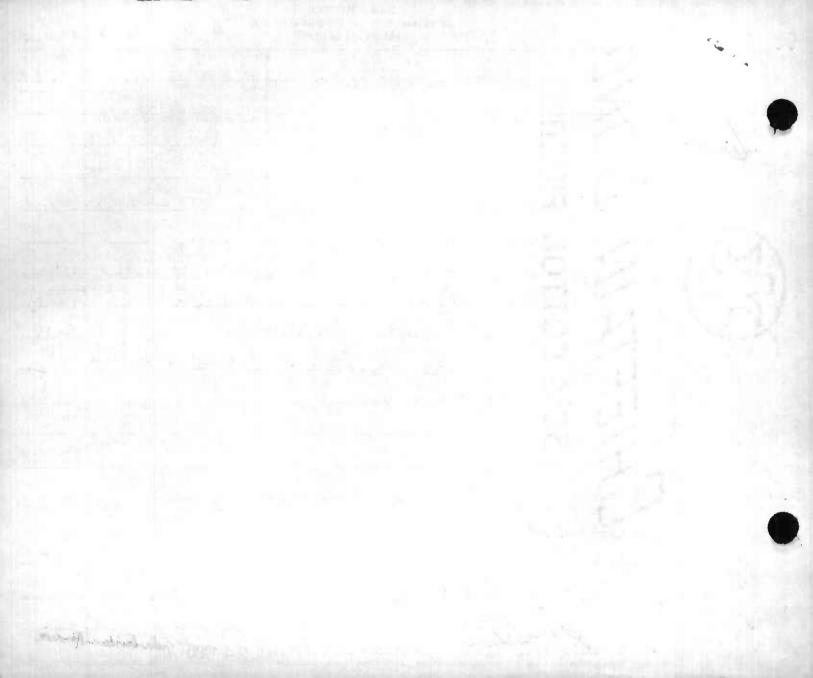
The second secon 1 日本人的主張機能 Laboura Barah Barah Barah Barah Barah Barah Barah Barah Barah saved hill barries land travel token it amile situasional ment of the beautiful of the state of the st amorgant status desire - see Warantill since a the sendent bromb and Diggin Files - 1 0/1 AV material and mobile water metall states in sec. manufaction and a series and adaption to good town with the first

					S.	TATE OF M	ARYLAND						
065091		OR			DEPARTMENT C	OF HEALTH	AND MENTAL	HYGIENE	6	0 6	0 19	lag.	
OODODY		EGISTRAR		ME	DICAL EXAM	INER'S C	ERTIFICATE	OF DEATH	REG.	NO.	0 2	and a	
		EASED NAME	FIRST		MIDDLE		LAST	20 C	ATE KNOWN		DAY YEAR	25 HOUR	
W ~	(TYPE	OR PRINT)	Ches	tor	Pervon		Keoleu		OF ESTI-	17 1	2 1086		
PLEASE RECTOR. R FILES. I HOURS I STREET.	3 SEX	- 4	RACE	S. DATE OF BIRTH		N YEARS IF UN			DATE	MONTH	DAY YEAR	2d HOUR	
E ST	1	00	1	MONTH DAY	YEAR LAST BIR	THDAY) MONTH		MIN PRO	NOUNCED		201	1153	
\$3050 h		THPLACE (STA	CAU	6 23	08 7	RS.					2186	1107	
MARKEW THE WAR	FOR	EIGN COUNTRY)		76 CITIZEN OF W		MARRII		RRIED	ALTIMORE CITY	OR COUNTY	OFDEATH		
230.5	1	Marylan		US			H H MI						
TO BERT	D. CII	Y OR TOWN	FDEATH	11. NAME OF HOS	SPITAL, NURSING HO		ER INSTITUTION	12a USUAL C	OCCUPATION (1 OF WORKING LIFE)	TYPE OF WORK	26 KIND OF BU	SINESS	
VS00 L	6	IEN D	urvie	Nort	h stri	unde	/	COA	5+ (ou)	ard	Ketiv	-e 1	
(DESCRIPTION OF THE PERSON OF	UA ST	RESIDENCE (#	IN NURSING HOME	OR OTHER INSTITUTION, G	NE RESIDENCE BEFORE ADA	AISSIONI	13d. INSIDE CITY LIMITS?	13e. STREET A	DDDESS		210	61	
2380877	144. 31	ma	A	A	GIPNO	BUTNE.	YES NO D		3 1)	Stro	et 5	5.	
TANKING B	14 FA	THER'S NAME			10101010		15. MOTHER'S MAI	DENNAME					
W 450 200	1	Vincer	nt	S.	Kepler		Anne		MIDDLE	Δ	rchardm	an	
PAGE NO NO	16a. W		EVER IN U.S. AR		16b SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE			21122	
JRS AFTER 3. GIVE PA WITH FOR IT. PAGES 1. DIVISION	IAE	s, no, or unknow No	N) IF YES, GIVE	E WAR OR DATES)	216-10-	0566	C Vanne	n Vanla	n 1n		Tarpoin		
BALT RS AFT GIVE VITH F PAGE DIVISIO			DEATH (Fares	-1 P			c. verno	on Keple	r, Jr.,	1407			
		PARTIDEA	TH WAS CAUSE	D BY:	far (a), (b) and (c).)	1:	1.		A	-t.	APPROXIMATE BETWEEN ONSE	AND DEATH	
PRESTON ST TITHIN 24 HOI TICL IN ITEM 1 TEM ALONG ANSIT PERMI AL HYGIENE, REMOVAL.			IMMEDIA	TE CAUSE (o)	CAY	avop	ulmen	Ary	Tyre	25 V			
EST IN IN I		Conditions	, if ony, which		AS A CONSEQUEN	LE OF V		/			1- 15-		
PR VITH YER	-	gave rise	to immediate	(b)	1	5 C	U.V.						
TW.	딗	couse (a) stating the <u>under</u> DUE TO, OR AS A CONSEQUENCE OF lying couse lost.											
EXA ION,	13			(c)		40-							
L RECORDS, 201 W. PRESTON ULD BE EXECUTED WITHIN 24 H. "PENDING" IN PENCIL IN ITEA F. MEDICAL EXAMINER ALON F. AS BURIAL - TRANSIT PER MEDITH AND MENTAL HYGIER IL, CREMATION, OR REMOVAL		PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10											
RECO D BE NEDDI AAS AD CRE/	CERTIFICATION				C120 K24				*				
SHOULD I ORD "PEN CHIEF MI CHI	S	190. DATE OF C	PERATION	196 CONDI		20. AUTOPSY	?						
CERTIFICATE SHOUL TING THE WORD "F PED TO THE CHIEF SED TO THE CHIEF SED TO THE CHIEF SED TO THE CHIEF SED TO THE CHIEF TO SHOULD BE USED DEPARTMENT OF H PRIOR TO EDRIFAL,	TIFF										YES 🗌	NOI	
A OF VI	CER	21a. EXTERNAL		21b. TIME O	FINJURY A. MONTH DAY Y	ZIC HC	W INJURY OCCUR	RED LENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PART	2)		
N DE LOS DE LA CONTRACTION DEL CONTRACTION DE LA		UNDERLYING	□ OR G □ CAUSE OF									11 X	
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART OUT PRIOR	MEDICAL	21d INJURY OC	CURRED		OF INJURY (AT HOM	£. 21f LOC	ATION						
DIVIS THIS CER WARDED PAGE 3 SI TATE DEP	2		NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	S	TREET	Cit	ORTOWN	COUN	4TY	STATE	
								To be					
EXAMNER: CERTIFICATI MUID BE FOR DIRECTOR: 1, WITH THE 8	-	22a I certify			scribed above, held o		y . Inspect	ion Ly, In	quiry .	and in my opir	нол		
WE BE BE		death resulted	I from: Notu	ural causes .	Accident .	Suicide	. Homicide	Undetermin	ned monner],			
EXAM CERTI UID B DIREC , WITH	1	ACTUAL	1111	1- 2	(1		TITLE (SPECIFY)			DATE	nlal	21	
¥ H S N H H H H H H H H H H H H H H H H H		SIGNATURE_	Mull	len ! .	740	m 2 m.	D. Deputy	MEDICAL	EXAMINER	SIGNED	3/2/	86	
AEDIC CUTE 1 SE 4 S SE 4 S FUNE TIMO	1	EXAMINER'S N	AMF		0		COF .		n .1	,	41 04005		
TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B AFTER DEATH, WITE BALTIMORE, MARY		TYPE OR PRIN	William	P. Jones, M	.D.		ADDRESS 695 ATT			nville, i	M. 2005)	
52458	23a.BL	ECIEV)	ON, REMOVAL		23c. NAME OF			23d LOCAT	WN	COUNT	Y ST	ATE	
07/B4 BP		Burial		March5,8	6 Glen H	laven M	lem. Park		Burnie	AA	Mit)	
25M DHMH - 17	24 FU	NERAL DIRECT		ADDRESS				E REC'D. BY REC					
(VR A15 ME (5))		James S	. Kirkl	ey, Glen	Burnie, MI)	MA	K 4 19	86 gicha	Davidson	-Randella		

Deudan Line of all the state of the st Ster Broken From Branch Land Control Control THE PROPERTY OF THE PROPERTY O Correct present process

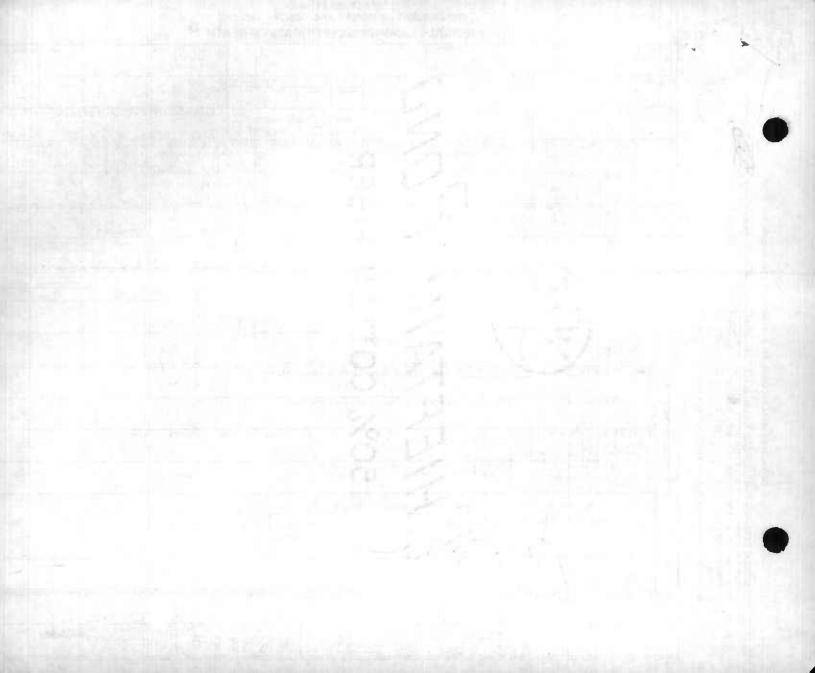
F R						STAT	E OF MARYLAND		73 /		es a	9 .
- But 123 =	1.	FOR STATE			DEPARTI		EALTH AND MENT		ENE 8 6		0 6	3 3 6
ATO OFFICE		REGISTRAR	1			CERTIF	ICATE OF DEAT	IH	REG. N	10.		
A S S S S S S S S S S S S S S S S S S S		CEASED NAME F	FIRST	MIC	DOLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
MAR MAR MAR Mer death TOMY BOA BALTIMORI		WAL	TER		J.	K	LEIN			2	24 86	3:30
PAIR BAL	3 SE	X		4 RACE	19.8	5. DATE O			6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DATS	
MAR MAR MAR ector, poge 3 aus ofter death NATOMY BOA BALTIMORI		Male		White		9	9 28	YEAR	57	YRS		HOURS MIN
Po Po Po		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland ITY OR TOWN OF DEATH		7b CITIZEN OF WHAT COUNTRY? U.S. 11. NAME OF HOSPITAL, NURSINI (IF NOT IN SUCH FACILITY, GIVE STREET A				IED 🗇	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
in 72									A. Arund	ounty	ntv ^	
he fu	10.C							ION	120 USUAL OCCUPATION 12b. KINI (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST			Gov t
by the	1	Annapolis				argaret Rd.						
be be		AL RESIDENCE IF NURSING	HOME OR		IVE RESIDENCE BEFORE		1 13d. INSIDE CITY LI	1,1752	13e. STREET ADDRESS		1200	301 0
filled ould				runde1	Annapo		YES NO		1666 St.		garet Ro	3 21401
tely 2 sh	14. F/	ATHER'S NAME					15. MOTHER'S MAI	IDEN NAM	E	Har		
and word		Archibald	^	MIDDLE	Klein		FIRST		WIDDIE		1.4	AST
3 0 5		VAS DECEASED EVER IN			66 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	ESS		
Poge medic	(1946	WAR OR DATES	212-28-	1506	Mre Al	+ a V1	ein - Same	20 1	#12	
the bill							MIS. AL	ta KI	ein - Same	: as +		XIMATE INTERVAL N ONSET AND DEATH
hys pop novo		PART I. DEATH WAS CAUSED BY:										ONSET AND DEAT
(B)	NOI	gove rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
1 1121		Plabeles solliters hypesterson										
1000	CERTIFICATION	YES NO							YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO			
21 11 1 1 Q		21g. ACCIDENT WAS UNDERLY		216 TIME OF	INJURY MONTH DA	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)	
20 1011	CAL	OR CONTRIBUTING CAUS				19						
MDING Pervalous or effection of the burner o	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21e PLACE OF	T FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET		CITY OR TO	NWC	COUNTY	STATE
		220.1 certify the Tixth	is hospit	ol) attended the	deceased from_	2	2.2, 19	94		24	19 86	, that (I) we) lo
2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased of above (1) (we) (did)	olive on	I view the body of	ter death	. 01	id that in (my) (our)	opinion de	eath occurred on the a	late and ha	our and from the	e couses stated
张·		22b. S CHAPLE 200 A LOUIS DEGREE 22c. DATE SIGNED										
A PER CALL		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-10-86										
O FUNER O FUNE		5 PAGGIN	A P	MILER	1/10/	0	20 S /	2116	Ol Au	· AN	myor	is ma
5 5 5 5 5 5	23a B	URIAL, CREMATION, REA	MOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREM.	ATORY	23d. LOCATION			
BP		Removal		2/24/8	6				CITY OR TOWN		COUNTY	STATE
DHMH - 16 50M 1/B1	24 FU	JNERAL DIRECTOR	100					250 DATE	REC'D, BY REGISTRAF	25b. REGIS	STRAR'S SIGNA	TURE
(VRA 15, 4)		Anat	Omv	Board	ADDRESS	Ralto	, Md.	MAR	1 / 1000	La.	m	
The second secon		11.100		- July		74160	PIC.	1711	1 4 100	TOTAL	Marie L	A

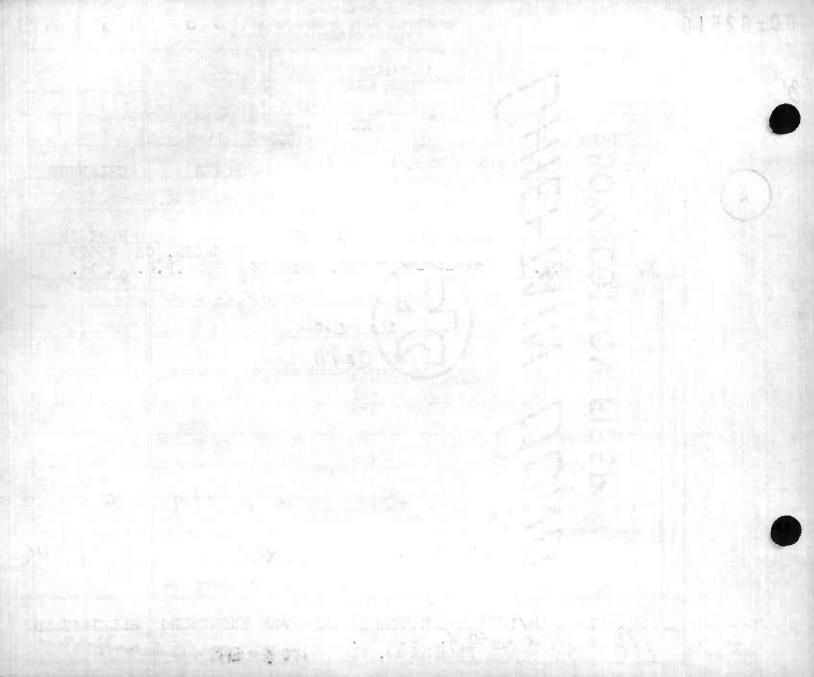




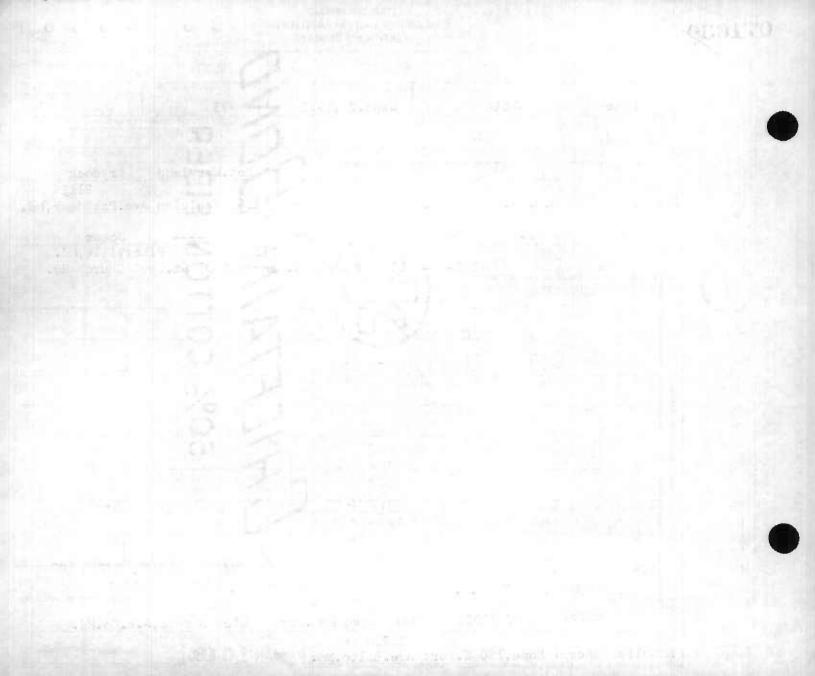
T-15-15-15-15-15-15-15-15-15-15-15-15-15-	7	FOR	DEPAR	TMENT OF HEALTH	AND MENTAL HY	GIENED &	n 1 2 2 12
00-019	87	STATE REGISTRAR	MEDICA	LEXAMINER'S	ERTIFICATE OF	DEATH REG. NO.	00000
00 010	1.0	CEASED NAME FIRST	MIDDLE		LAST	20 DATE KNOWN	MONTH DAY YEAR 126 HOUR
% ~ .6 S ⊢	(1	PE OR PRINT) BETT	MILLE	ען סיי	OLSCHER	OF ESTI-	MAD 26 186
RECTOR. DIR FILES. 22 HOURS	3 SI		IS DATE OF BIRTH	6 AGE (IN YEARS IF UN		42	MAR 26 19 W
PEC H		FEMALE WHITE	MONTH DAY YEAR	LAST BIRTHDAY) MONTH		IN. PRONOUNCED MAR	28 1986 2:B2
2020	7.	IRTHPLACE (STATE OR	FEBRUARY 10, 3			9 BALTIMORE CITY OR	
SHE'S HE	4	OREIGN COUNTRY)		MARR	ED NEVER MARRIED		
A SE SE		MARYLAND	USA	WIDOW			
2030		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	TURSING HOME, OR OTH (E STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
14 PER POSS	9	Arnold		ch Point Dri	ve I	ncome Tax Div.	State of Md.
/ John € one	130	AL RESIDENCE (IF IN NURSING HOME STATE 136, COUN		ITY OR TOWN	lisa. Inside City Limits? 113	e. STREET ADDRESS	
ANY AND RETA		laryland A		nold	YES NO K	732 Match Poin	t Drive 21012
MD. H. IF	A 77 14 1	ATHER'S NAME	MIDDLE	LACY	15. MOTHER'S MAIDEN	NAME	TAST
ES SE	XCI	Richard	Middle	Miller	Mable	MIDDIE	Obrecht
ER D ORM ON Q	1 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SO	OCIAL SECURITY NO.	17. INFORMANT (SO	n) ADDRESS	323 Burns Cross
RS AFTER DEA GIVE PAGES WITH FORM P PAGES 1 AN DIVISION OF				7.20.8907	Mr. Robert	J. Kolscher, II	323 Burns Cross- ing Road, Severn, Md.2114
JRS 3. G	'	18 CAUSE OF DEATH (Enter or	ly ane cause per line for (a),	(b), and (c).)			APPROXIMATE INTERVAL
ON ST TITEM 18 TONG PERMIT	ا ب	PART I DEATH WAS CAUSE	DBY:	coholism			BETWEEN ONSET AND DEATH
W. PRESTON ST D WITHIN 24 HO PENCIL IN 1EM 1 WAINER ALONG - TRANSIT PERMI FOR THE PERMI PERMI	2	IMMEDIA	TE CAUSE (a) ALC				
WITHIN NCIL IN INNER ALIVER AL	Š.	Conditions, if ony, which					
A TRANSPORT	Š	gove rise to immediate cause (o) stating the under-		ONSFOLIENCE OF			
201 W. PRESTON ST UTED WITHIN 24 HOL IN PENCIL IN ITEM IS EXAMINER ALONG ISLAMINER ALONG ALL - TRANSIT PERMIS O MENTAL HYGIENE,	Ž	lying cause last.		DAGE GOLINGE OF			
	2	PART 2 OTHER SIGNIFICANT CONDITIONS	(CONTRIBUTING TO DEATH BUT NOT SE	ELATED TO THE TERMINAL DISCASS	DE COURTED COURT IN SAME		
RECORDS TO BE EXECUTE PENDING MEDICAL ASA BUILD ESTIMATION TO BE EXECUTE T	S Z		CONTRIBUTION TO SENTE BUT NOT A	CENTED IN THE TERMINAL DISEASE	OK COMULITOR DIVEN IN TAKE I	(6),	
RECO.	CERTIFICATION	190 DATE OF OPERATION	LISE CONDITION FO	R WHICH OPERATION W	AS DEDECORATED?		20 AUTOPSY?
IAL SEEF	₹ / Ş		The condition to	W WINCH OF EXAMINITY W	ASTERIORMED:		Head Only
OF VITAL OF VITAL ATE SHOU IF WORD " THE CHIEF ILLD BE USE WENT OF H		21g. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	121. 40	DW IN HIRV OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PA	
5 AHE 3 A	200	UNDERLYING OR	HOUR A.M. MONT		OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	IRT 1 OR PART 2)
DIVISION S CERTIFIC RITING TH SE 3 SHOU	MEDICAL	CONTRIBUTING CAUSE OF	P.M. 21e PLACE OF INJUR	19	CATION		
OER SER	MEG		STREET, FACTORY, FARM		TREET	CITY OR TOWN	COUNTY STATE
73448	Z1201	WHILE NOT WHILE AT WORK					
ATE. DORV	e,	22a. I certify that I taak charg	ge of the remains described al	bove, held an Autop	Inspection	Inquiry , ond	in my opinion
NO TO TE	\$	death resulted from: A Natu	ral causes X. Acciden	Suicide	. Hamicide	Undetermined manner .	
WIT BERT	Ž	A	00		TITLE (SPECIFY)		
A STAN	\$	ACTUAL SIGNATURE	-(N)-		Assistant	_MEDICAL EXAMINER	DATE 3-29-86
DEA SEA	Š		- /			INEDICKE EXAMINER	SIGNED
* 5 % 5 % 5 % 5 % 5 % 5 % 5 % 5 % 5 % 5		(TYPE OR PRINT) Ann	1. Dixon, M.D.	•	ADDRESS 111 Per	nn St., Balto.,	, MD 21201
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAFER DATH, WITH THE ST	230	SURIAL, CREMATION, REMOVAL	23b DATE 23c	. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION	COUNTY STATE
07/84 BP			pr. 1.1986	Druid Ridge	Cemetery	Baltimore	COUNTY STATE Maryland
25M DHMH - 17	24.	UNERAL DIRECTOR	5 1100	2		D. BY REGISTRAR 256. REGIST	
(VR A15 ME (5	5))	ingleton Funera	1 Home Glen	Burnie, Mary	land APR) 1 1986 Fulia D	Levidson Pandore

			tems 18	1-22a	4/25	0/86					MARYLA H AND N		IVGIEN					- 10	
0.0	01700	13-	STATE REGISTRAR								CERTIF			15	250	0	6 8	5	9
UU-	21/93	1. DE	CEASED NAME		FIRST			WIDDIE		11211 3	LAST	TORTE	71 027	2a. DATE	REG.		TH DAY	YEAR	2b. HOUR
1	別面が発出	(TYP	E OR PRINT)	CHI	RISTO	DHEE	2 1	WAYNE	,		LAMBE	Du		OF	ESTI- MATED		29	19 86	
1	ACCES OF	I SEX	(4 RACE	1		OF BIRTH	WAIN!	6 AGE (IN		JNDER 1 YR.	IF UNDER		2c. DATE		MONT			2d. HOUR
1	TESTES -	Ma	10	White			1-53	TEAK	33	YRS. MOI	NTHS DAYS	HOUR5	MIN	PRONOUN DEAD		3	29	19 86	12:30
	A SEE ST	7a B	RTHPLACE (ST					HAT COU		10	RIED N	EVER MARR	IED 🔯	9. BALTIM	ORE CITY	OR COL	JNTY OF		1 11
	35		rvland			US	SA				WED	DIVORC		Anne	a Aru	indel	Cour	ntv	MD.
	A SEC	IO: CI	TY OR TOWN	OF DEATH	3-				JRSING HO		THER INSTIT	UTION			PATION (RK 12b. K	OR INDUST	ISINESS RY
	A STATE OF		aurel			Laur	rel R	acewa	av D	orm I	715	11.15				ersi			l Race
21201	CONTRACTOR OF THE PARTY OF THE		L RESIDENCE TATE		COUNTY		TITUTION, GI		Y OR TOWN		13d INSIDE	CITY LIMITS?	13e STR	EET ADDRE	SS			-	Track
	4名無名類27		ryland		Balti	more		Woo	dlawn		YES	NO K		1 Gil	more	St.	212	207	
WD.	H-XON Z	14. F/	THER'S NAME		•	MIDDLE			LAST		15. MOTE	HER'S MAIDI	ENNAME	M	IDDLE		14.	LAST	
ORE	PAGES I ORM PW ON ON O	14.0	Wi VAS DECEASE	11iam		E.		mbert	CIAL SECUI	OIA VIII	17 INFOR	Mary		Lou	ADDDE	Timmo			
BALTIMORE,	S AFTER GIVE PA FOR PAGES INISION	(A	ES, NO. OR UNKNO	WN) (IF	YES, GIVE W.	AR OR OAT	ES)					Do	altim			SS MD		21207	
	∞ · ≥ · ∩		NO 18 CAUSE O	E DEATH (nter only	-			3-52-3	342	IM/M	Willia	am La	mbert	65	01 G:		ce St	
PRESTON ST.,	2ª-E .		PARTIDE	ATH WAS	CAUSED	BY:				honne	eumoni	a com	nlica	ting	nar	coti	BET	WEEN ONSE	T AND DEATH
Į.			135	IM	MEDIATE				NSEQUENC		COULCITE	a com	DITCE	icing	Hat	COLL	SIII		4 1
RES	THIN 24 CIL IN ITE JER ALON ANSIT PEI AL HYGIE REMOVA			is, if ony,		1	71-1												
≥ 3	37 4 5 5 5		cause (a)	e to imr			(b) JE TO, OR	AS A COI	NSEQUENC	E OF	7					200			
201	XECUTED WITHIN 4G" IN PENCIL IN 4G" IN PENCIL IN 4GE IN PENCIL IN 8DENIAL - TRANSIT AND MENTAL HY ATION, OR REMC		lying cou	se last.			(c)	10.74		7		433							
DIVISION OF VITAL RECORDS,			PART 2 OTHER SIG	INIFICANT CO	NDITIONS CO	ONTRIBUTIN	G TO OEATH	BUT NOT REL	ATED TO THE T	RMINAL OISE	ASE OR CONDITI	ON GIVEN IN PA	RT 1 io						
8	D BE E SENDIR MEDICAN AS A SEALTH CREW	MEDICAL CERTIFICATION															14		
AL R	WORD "PENT WORD "PENT E CHIEF MEI BE USED AS INT OF HEAL!	ICA	19a. DATE OF	OPERATIC	N	191	P CONDI	TION FOR	WHICH OP	ERATION	WAS PERFO	RMED?					2D	AUTOPSY:	
TIV.	T BENEFICE	RTI	210 EXTERNA	LCAUSEY	WAS	211	. TIME OF	FINITIPY		214	HOW INCHES	V OCCUPA	D					YES 🔯	NO 🗌
Ö	KATES D	N C	UNDERLYING	OR		Н	OUR A.M	MONTH	DAY YE	AR ZIL.	HOW INJUR	TOCCURRE	D (ENIEK	NATURE OF INJ	FURY IN ITEM	18 PART 1 O	R PART 2)		
Sio	F0-145	DIC	CONTRIBUTION 214 INJURY C				P.M		19 (AT HOME,	21f. L	OCATION								
NO.	VRITIIIS CE VRITIII VREDE CGE 3 201 P	ME	WHILE AT WORK	NOT WH	IILE 🗆		STREET, FACT	TORY, FARM, I	ETC)	342	STREET			CITY OR TO	WN		COUNTY		STATE
	STA PA					- 6 4 5			ave, held an		T								
	EXAMINER: CERTIFICATION BE FOR DIRECTOR: WITH THE MARYLAND		deoth resulte			I couses		Accident		Suicide L	7	Inspectio		Inquiry ermined ma		and in my	apinion		
	ERTIII LD B IREC WITH ARY				1	1		7	<u> </u>	Solcide [SPECIFY)	Oliden	ernanea ma	mier [_	1.			
	ALE CALLED		ACTUAL SIGNATURE_		N	1	$\langle \Lambda \rangle$	N)	~	-		istant	L_MED	ICAL EXAM	INER	DA	TE NED	3-30-	-86
	EDIC JIET A SP WOR		EXAMINER'S	NAME	Ann	M	rizzon	, M.I									MD (21 201	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATION FACE 4 SHOULD BE FOR TO FUNEAU DIRECTOR: AFTER DEATH, WITH THE BALLIMORE, MARYLAND		(TYPE OR PRIN	4T)			JIXON	<u> </u>			_ADDRESS.			St.,	Bait	0., 1	VII.) 2	21201	
		23a. B	JRIAL, CREMAT								OR CREMAT			CATION			OUNTY		ATE
07/84 25M	BP 92	24 FI	Bur JNERAL DIREC	700		<u>-1-8</u>					moria	1 Park	REC'D BY	REGISTRA	R 25h RF	Carr	roll	MD	
	DHMH - 17 (VR A15 ME (5))	ME	NAME	Lor						ctors 2113	Inc	MAR	31	1986	مادر	Laura	000	andess	-
	(((())	N/	28 Libe	ILA P	(d.	Kano	IdTTS	LOWN,	PID	Z11.))	1401.51	0 -	.000	14				

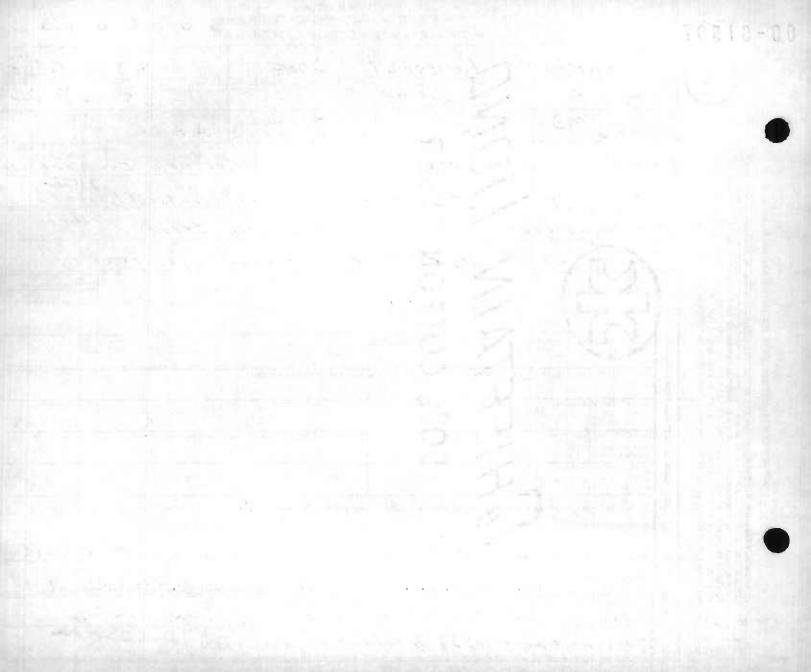




1030	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 6 5 6 5 6 5 6 5 6 5 6 6 6 6 6 6 6 6							6 SEST
- death		EASED NAME FIRST EDWARD	OI		LAN		20. DATE OF DEATH MARCH		1986	710
s after de	3. SE >	Male	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	(5)	IF UNDER I YEAR	IF UNDER 24 HRS
25		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN O	F WHAT COUNTRY?	В	D NEVERMARRIED	9 BALTIMORE CITY O		OF DEATH	TY "
4	10. CI	GLEN BURNIE	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF THE PROPERTY 1	F WORKING LIFE		F BUSINESS OF
		RESIDENCE (IF NURSING HOM TATE 136 CC	OR OTHER INSTITUTION	13c. CITY OR TOWN Pasaden		134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 1968 Vanic	ZIP CODE	2	1122
\$0	14 FA	THER'S NAME FIRST Oda	MIDDLE K.	Landis		15 MOTHER'S MAIDEN NAM	WE	-	Johns	1
lico		(AS DECEASED EVER IN U.S. ES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES!	212-01-6		Mr.John E.La			sville Churc	
1		18 CAUSE OF DEATH (Enter PART), DEATH WAS CAU	only one couse p ISED BY: IATE CAUSE (a)_	ser line for (a), (b), and SEPS1	اد ک				BETWEEN	MATE INTERVAL ONSET AND DEATH
injury, ar ather traum	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	(c)_	Deme	NCE OF	THE REAL PROPERTY.	INAL DISEASE OR CON	DITION GIVE	EN IN PART 10	D
À g	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	OF DEATH?
		? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT I OR PART 2)	
rkedor	MEDICAL	21d INJURY OCCURRED WHILE OF NOT WHILE OF NOT WORK		E OF INJURY STREET FACTORY OFFICE FA	ARM ETC)	PI LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
n 21 is mo		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (dia	on 3 -	5 - 19 G		nd that in (my) (our) apinion o	, to		and from the o	
nate Depl		22b. SIGNATURE	1	ody MP			MEDICAL STAF	IAN	22c. DATE	
MPORTAN	-	HARSHAD I	R. MODY,			GLEN BU	4 WELLHAM A RNIE, MARYI			1.03
	(URIAL, CREMATION, REMOV Burial				emetery or crematory aven Mem.Park	Glen Bur			
60M 7/B4 5, 4)		neral director Cully Funeral	Home,13	30 E.Fort	2123 Ave. B		AR 1 0 1986	256. REGISTR		URE



	,	V					STATE OF	MARYLAND					
0.0	01001	1-	FOR STATE			DEPARTMEN	IT OF HEALT	H AND MEN	TAL HYGIEN	8 6	0	6 6 6	5 2
00-	0 381		REGISTRAR		MED	DICAL EX	AMINER'S	CERTIFICA	TE OF DEA	TH REC	G. NO.		6.49
			CEASED NAME_	FIRST	-	MIDDLE		LAST		20 DATE KNOW	N MONTH	DAY YEAR	26 HOUR
		(TYP	E OR PRINT)	IES T	11		OT.	100	April	OF ESTI-		31 41	26 HOUR
	38888 J	2 654				001EVK	- 4 /	~/Y/	75		MONTH	DAY YEAR	2100
	53-53	3 SEX	4 RACE	5. D	ATE OF BIRTH				UNDER 24 HRS	PRONOUNCED	MONTH	UZ VEAR	2d HOUR
	28007		my B		7 21	06 3	79 YRS.		ons min	DEAD	3	22 190	1216 M
	2 × × × × ×	H BI	RTHPLACE (STATE OR REIGN COUNTRY)	20 7b (CITIZEN OF WH	AT COUNTRY?	8			9 BALTIMORE CI	TY OR COUN	TY OF DEATH	
	品面の存品	12	A	12	2654	2			MARRIED	A A	10		
	ZEW 3		TABENA TY OR TOWN OF DEA	TH II	NIAME OF HOS	DITAL AUTOSINI	WIDO	HER INSTITUTIO		JAL OCCUPATION	12005 000000	126 KIND OF BU	MD.
	A 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1	1 M		(IF NOT IN SUCH FAC	CILITY, GIVE STREET	ADDRESS)	HER INSTITUTIO	TZE OSC	OST OF WORKING LIFE	(TYPE OF WORK	OR INDUST	IRY
	See WOZ	(3)	EN SUR	NIE	NORT	W AR	UNDEL	HOSPI	1 7	011461	7 60	いるずんと	crien
=	LAN DEC		TATE	13b. COUNTY	IER INSTITUTION, GIV	LIG CITY OR I		13d. INSIDE CITY L	IMITS? 13e STR	FET ADDRESS	4.4.3	21122	
2120	* SEES !	THE S	[CM	A. A		Pasai	ENA	757-96	10 169	9 BAUL	INGA	KACHE	1
	- SH -	14 F	ATHER'S NAME		-	A A A A	BINA		MAIDEN NAME	110475	12012		
WD.	PW 3.	1	FIRST	1	DDLE	LAST		PIRST		MIDDLE		ンバムsia 2	
ORE	A A B E S E S E S E S E S E S E S E S E S E	-	of WENN	_ V	6					JE 6 3			
BALTIMORE	PAGE ORM ON ORM			IN U.S. ARMED		16b SOCIAL	SECURITY NO.	17. INFORMAN			RESS	2,	112 2
ALT	AGE ISIG		400	wwl	4 21	3.05.	8108	35 NT.	HALAN	18 × 805	BEGA	va, Ms	4 2
	URS AFTER DEA B. GIVE PAGES WITH FORM I T. PAGES I AN DIVISION OR		18. CAUSE OF DEATH	H (Enter only on	e cause per line	far (a), (b), and	(c).)					APPROXIMAT	
PRESTON ST.		1	PART I DEATH W	AS CAUSED BY:		1	1					BETWEEN ONSE	ET AND DEATH
NO	24 HO ITEM 1 ICONG PERMI SIENE, VAL.	1-9	1000	IMMEDIATE CA		AS A CONSEO	HENCE OF						
EST		13	Canditions, if a	ny which	DUE TO, OK	MS W COINSEO	UENCE OF						
	WITHIN VCIL IN INER A INER A RANSIT ITAL HY R REMC		gove rise to		(b)								
3	2 × 3 - 40		lying couse last.	the <u>under-</u>	DUE TO, OR	AS A CONSEO	UENCE OF						
201	ON A EX EX		lying couse loss.		(c)								
RECORDS, 201	ULD BE EXECUTED "PENDING" IN PER MEDICAL EXA ED AS A BURIAL HEALTH AND MA AL, CREMATION,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR		BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIV	VEN IN PART 1 in				
0	DIO	Z			7-19								
N. C.	MEDIC MEDIC MEDIC AS A EALTH CREA	CERTIFICATION	19a. DATE OF OPERA	TION	TIPL CONDIT	ION FOR WHIC	H OPERATION	WAS PERFORME	D2			20. AUTOPSY	(0)
7	HOULD RAD "PR USED USED OF HE	0			170 CONDII	10111 011 11111	OI ENATION	WAS FERT ORME				20. AUTOPST	
- X	\$85555 ~	Ē				120						YES 🗌	NO X
- o	ENEGAG >		UNDERLYING		21b. TIME OF	MONTH DAY	YEAR 21c.	HOW INJURY OC	CCURRED IENTER	NATURE OF INJURY IN ITE	EM 18 PART 1 OR P	ART 2)	
NO	SEOSES)	3	CONTRIBUTING				19						
DIVISION OF VITAL	PRICE A	MEDICAL	214 INJURY OCCURR	RÉD	21e PLACE C	OF INJURY (AT		OCATION					
Piv	S C RET I	E		WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OF TOWN	CC	OUNTY	STATE
	TA A A A	31	AT WORK AT WE	ORK					mh.				
	MUNER: THIS CERTIFICATE SHOW FICATE, WRITING THE WORD E. FORWARDED TO THE CHIE CTOR: PAGE 3 SHOULD BE US! THE STATE DEPARTMENT OF TAND, 21201 PRIOR TO BURIA		22a I certify that I	took charge of	the remains desc	cribed abave, h	eld on Auto	ipsy L, In	spection	Inquiry .	and in my o	pinion	
	EXAMINER: CERTIFICATI VUID BE FOR: I, WITH THE (MARYLAND)		death resulted fram:	: Natural ca	iuses 🔀 ,	Accident	Suicide	, Hamicide	Undet	ermined monner] ,		
	EXA CERT JUD E DIRE							TITLE (SPEC	"IFY)				
	CAL EXA THE CER SHOULD ERAL DIR SATH, WI ORE, MAR		ACTUAL		5 /	1/20	L				DATE	- 3-12-	.YL
	SEX SEE		SIGNATURE	7	/	<i>p</i> -cu		м.р	MED	ICAL EXAMINER	SIGN	ED J	-
	NO STATE		EXAMINER'S NAME	1	(11)	A . O		411	1 ()	61	_	. 11 24	022
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO FO FUNERAL DIRECTOI AFTER DEATH, WITH THE BALTIMORE, MARYLAN		(TYPE OR PRINT)	James E	Wheel				6 Gumbox		Crowns	ville 21	032
	EDSE 48	23a.Bl	JRIAL, CREMATION, RE	EMOVAL 236 D	ATE	23c. NAM	OF CEMETERY	OR CREMATORY	23d. LC CITY	OCATION OR TOWN	FOL	UNITY S	TATE
07/84	BP	13	VAYAG	13/	31/80	10	VOTOR	ANS	C	ROWN NS	011/6	MU	
25M	DHMH - 17	24 FL	JOIERAL DIRECTOR		40000	200	1.1.	1/ 7 250.	DATE REC'D, BY	REGISTRAR 246.	RESISTRAR'S	SIGNATURE	11/01
	(VR A15 ME (5))	1	Manjac	e to Ido	Billy when	28 7	dilwi	N	MAK 2 /]	1986. guha	America formant.		À
													- 51



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENED - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN ESTI-1600 DEATH MATED CTOR. 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 1700 Coura Ston DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS SECRETBRY 15. MOTHER'S MAIDEN NAME Mild rea 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT {YES, NO, OR UNKNOWN} I HE YES, GIVE WAR OR DATEST Arnold, mo 18. CAUSE OF DEATH (Enter only one cause per line far (o) (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL -FOF HEALTH AND MEI URIAL, CREMATION, C lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? OR TO BUR YES [NO M 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN STATE NOT WHILE COUNTY AT WORK AT WORK Inspection X 22a I certify that I taok charge of the remains described above, held on Autopsy ond in my opinion PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAI Natural causes death resulted fram-Accident Suicide ___ Homicide Undetermined monner TITLE (SPECIFY) DATE 3-22-86 ACTUAL SIGNATURE EXAMINER'S NAME lames E. Wheeler, M.D. ADDRES 1116 Gumbottom Rd. Crownsville 21032 (TYPE OR PRINT) BP 07/B4 **DHMH - 17** (VR A15 ME (5))

LANGE OF THE PROPERTY OF THE PARTY OF THE PA

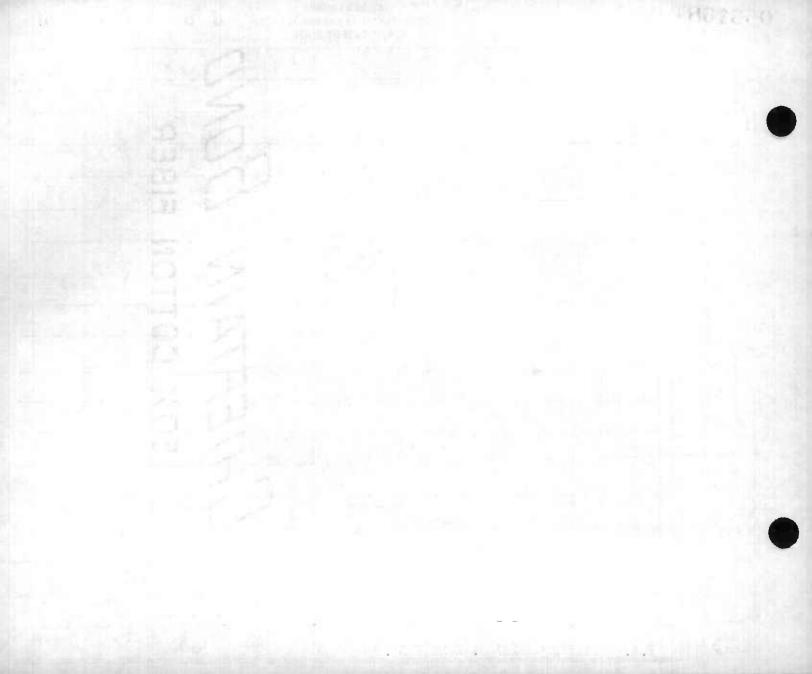
The Control of the Co

A PARTIE OF THE PARTIES OF THE PARTI

Marit M. D. 15 M. M. Carroull, Variation To

056168	1-	FOR STATE REGISTRAR	DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGI CATE OF DEATH	IENE 8 6	0	6 6 6 4
3	I. DEC	CEASED NAME FIRST	MIDDLE	L	157		MONTH DAY	YEAR 25 HOUR
by be 3 death	liter	HARI	NETHIA	LE	E	6	3 2	86 1900 m
mo bo	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR IF UNDER 24 HRS
ge 4		FEMALE	BLACK	07	27 23	62	YRS	
od . Leonh. Po	C	RTHPLACE (STATE OR FOREIGN OUNTRY) RGTNTA	76 CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	DIVORCED D	9 BALTIMORE CITY O	1	DEATH MD.
133	A	NNAPOLIS	11. NAME OF HOSPITAL, NURS II (IF NOT IN SUCH FACILITY, GIVE STREET ANNE ARL	ADDRESS)		12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C		b. KIND OF BUSINESS OR NDUSTRY
Alled an alled an alled by	₩\$U.A #30 S		ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY ANNE 130. CITY OR TOV HARLINDEL MILLERS	VN 1	YES NO	130 STREET ADDRESS	ZIP CODE FOR MAN	100.Box 8
127 5 N	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
10 08 C		HANDY	BACKERS		BARTILLA		McGIL	L
n and co		(IF YES, GIV	MED FORCES? 16b SOCIAL SECTION WAR OR DATES! 248-23		CHART	ADDRE	SS	
g physicic san papers remoyal.		PART I. DE ATH WAS CAUSE	nly one cause per line for ia), (b), ar D BY: TE CAUSE (a)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the death of by the attending of control of cont		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF				
Then pl	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART 110
he low re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
g physical property of the physical phy	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I C	DR PART 2)
ther this of	MEDICAL	21d. INJURY OCCURRED WHILE NOI WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn c	OUNTY STATE
Spritol or CTOR A I for use of Heali		saw the deceased alive an	tal) attended the deceased from 3		d that in (my) (aur) opinion d	, to leath accurred on the do	te and hour and	
AL DIRE		726 SIGNATURE	eal			MEDICAL STAI	F	224. DATE SIGNED
or Hospital etained by to TO FUNERAL with the State MAPORTANT:		Rebert on.	Green field.	Unis		sll Solon	usi tst	Rf O
BP	F	urial, cremation, removal REMOVAL		NAME OF CI	METERY OR CREMATORY V CEMT.	23d LOCATION CITY OF TOWN GLEN ALL	EN VI	RGINIA STATE
HMH - 16 60M 7/B4 (VRA 15, 4)	24 FU	PERAL DIRECTOR PAME PHTIITPS	1721 N. MONROF	CT	250 DATE	AR 5 1988	256 REGISTRAR'S	SIGNATURE and 12

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



(VRA 15, 4)

				STAT	E OF MARYLAND				
7	1.	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6	0	6 6 6	1
22		CEASED NAME FIRST	MIDDLE		EAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
-	(1117)		ice E. Line			March 3	1 1986		М
	3. SE	X	4 RACE		OF BIRTH	6 AGE IN YEARS LAST BIRT		UNDER 1 YEAR IF UNDER 74 HRS	
		emale	Caucasian		mber 10 1909	76	YRS	VIHS DATS HOURS MIN	
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	U.S.A.	? 8. MARRIE WIDOWI	ED NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OF Anne Arundel			AD.
90		en Burnie	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 1239 Kimberly Lan	T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF TYPE OF WORK FOR MOST OF		17b. KIND OF BUSINESS O INDUSTRY	R
	13a. S	AL RESIDENCE (IF NILL) STATE Aryland Carro	101 011 011 0	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2551 Baltimo		21048	
Part of the second	1	ATHER'S NAME FIRST Larence Stauffer	MIDDLE LAST		15. MOTHER'S MAIDEN NAMED FIRST Engle	MIDDLE		ŧ AST	
n dico			MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INPRARICHARD L	ine ADDRE	SS	21207	7
E	no		214-01-	7503	3122 Green Ma	ead Ba	altimore	Maryland	
roumote		Conditions, if any, which	DUE TO, OR AS A CONSEO	UENCE OF		/ aune			
injury, ar other traumati	IION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c) CONDITIONS CONTRIBUTING TO	UENCE OF				IN PART 1(a	
ows any injury, ar other troumati	TIFICATION	gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEOL	UENCE OF	T NOT RELATED TO THE TERM		DITION GIVEN	IN PART Ita	
ed or Item 18 shows any injury, ar other traumatic	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DELIGIBLE AND INC. EXAMINED CAUSE OF DELIGIBLE AND INC. ALUSE OF DELIGIBLE AND	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE ATH HOUR A.M. MONTH IS	DEATH BUT H OPERATIO	T NOT RELATED TO THE TERM ON WAS PERFORMED 1716 HOW INJURY OCCURE	INAL DISEASE OR CONE 700 AUTÖPSÝ? YES NO	206 IF YES, WIN CERTIFYIN YES [Y IN ITEM 18 PART	VERE FINDINGS USED NG CAUSES OF DEATH?	
		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DELIFIETHER NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET AT WORK	ODDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216, TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (ATHOME STREET, FACTORY OFFICE	DEATH BUT H OPERATIO DAY YEAR 19 , FARM EIC 1	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET	INAL DISEASE OR CONE 700 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV	20b IF YES, WIN CERTIFYIN YES [Y IN ITEM 18 PART	VERE FINDINGS USED NG CAUSES OF DEATH? NO	ist
f. If them 21 is marked or them 18		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELINE ETHER NOTHY MEDICAL EXAMINET 21d INJURY OCCURRED WHILE AT WORK 22a I certify that (I) (this hosping saw the deceased alive in above, (I) (we) (d. I) (d. I).	ODDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216, TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (ATHOME STREET, FACTORY OFFICE	DEATH BUT H OPERATIO DAY YEAR 19 , FARM EIC 1	I NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCURR 21f LOCATION STREET	INAL DISEASE OR CONE 700 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV	206 IF YES, WIN CERTIFYIN YES IT YIN ITEM IB PART	VERE FINDINGS USED GO CAUSES OF DEATH? NO 1 I OR PART ?) COUNTY STATE	ist
f. If them 21 is marked or them 18	MEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL (IF ETIMER NOTIFY MEDICAL EXAMINET AT WORK NOTIFY MEDICAL EXAMINET NOTIFY	DUE TO, OR AS A CONSEQUENCE ON THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FOR WHICE THE CONTRIBUTION FO	DEATH BUT H OPERATIO DAY YEAR 19 FARM ETC.)	TNOT RELATED TO THE TERM TO WAS PERFORMED THE HOW INJURY OCCURR THE LOCATION STREET THE L	INAL DISEASE OR CONE 700 AUTOPSY? YES NO CHYOR TOV CITY OR TOV 10 3 A MEDICAL STAF	206 IF YES, WIN CERTIFYIN YES IT YIN ITEM IB PART	VERE FINDINGS USED NG CAUSES OF DEATH? NO	ist
	MEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINED CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINED CAUSE OF DELIF EITHER NOTIFY MEDICAL EXAMINED CAUSE OF DELIF CONTRIBUTION OF DELIFICATION OF DELIF CONTRIBUTION OF DELIF CONTRIBUTION OF DELIFICATION OF DELIFICATIO	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONDITION FOR WHICE THE CONTRIBUTION FOR WHICE THE CONTRIBUTION OF THE CONTR	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC1	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET Ond that in (my) (our) opinion of the company of t	INAL DISEASE OR CONE 700 AUTOPSY? YES NO CHYOR TOV CITY OR TOV 10 3 A MEDICAL STAF	206 IF YES, WIN CERTIFYIN YES TO THE TOTAL THE	VERE FINDINGS USED NG CAUSES OF DEATH? NO	IST .

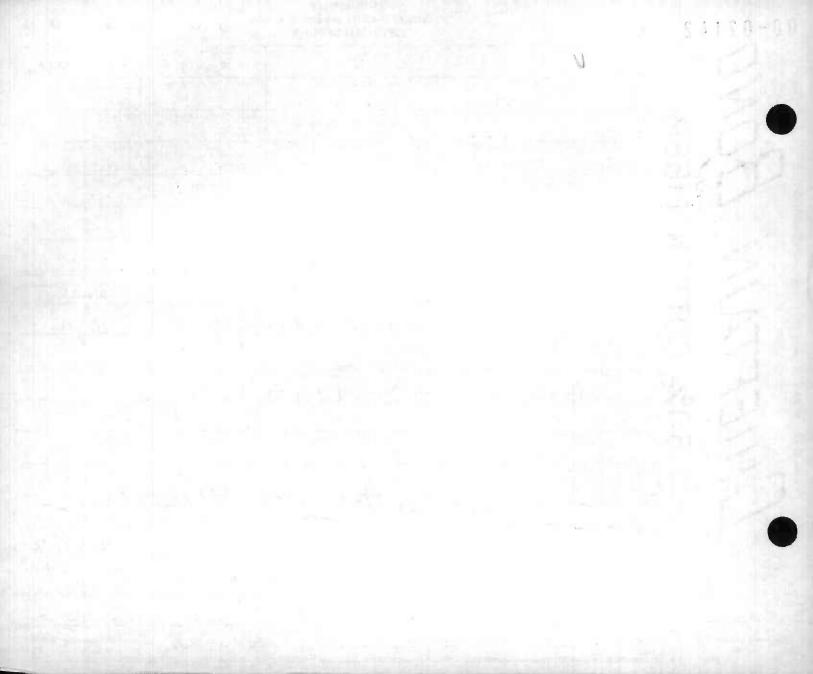
tokandi daharah serah 2 2 km. 1 The state of the s SAME THE CONTROL OF THE SAME AND THE SAME DAY OF THE SAME DAY. Agental are a substitute

A SAME THE SAME OF THE SAME OF

The later of the black of the college of the colleg

00-02142	1.	FOR STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 () REG. NO.	6 6 6 6
oge 3 deoth		CEASED NAME ON NI	E LAKE	LINK	3 - 29-	86 830 MM
moy.	3 SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	FUNDER 1 YEAR IF UNDER 24 HRS
ge 4	Ui	Female	White	Jan. 29, 1901	85 YRS	ONTHS DATS HOURS MIN.
g 5 g	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE		9 BALTIMORE CITY OR COUNTY C	OF DEATH
to or or or	-	Virginia	U.S.A.	WIDOWED DIVORCED	Anne Arundel	MD
	100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
		nnapolis	Anne Arundel (General Hospital	Housewife	Own Home
AND 213	13n M			13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP CODE 6347 Mallard Land	e/ 20711
RY H	14. F/		MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
M be			leton Niday	Mattie		Martin
be exect on ond c	160 \	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (1F YES, GIV	MED FORCES? (E WAR OR DATES)		431 University Black Spring, Mc	lvd. East
BAI cote cote oper ovel.		18 CAUSE OF DEATH (Enter on	nly one cause per line for (a), (b), D BY-	andic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., ertifi g ph sonp reme			TE CAUSE (a)	entrant shelled		Monel
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN. The low requires that the death certificate be executed within 24 attending physician. When this certificate has been signed by the attending physician and certifies as the buriol-transit permit. Then please remove carbonapapers. Pages that the and Mental Hygiene prior to burial, cremation, or remarkal. The answer of them 18 shows any injury, or other traumatic event, the medical entered and the statements.	9	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	Ischemi Cescho	ny fully	10 year.
S, 20 gnec en ple burn ny, o	~	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART Ita
ORD requestressing the control of th	TION	Direc	health (a	westerf of 200 m		
low low see print of son	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTIFYI	WERE FINDINGS USED ING CAUSES OF DEATH?
TAL The lictor of the house house house house show	ERTI	710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21, HOW IN HIS OCCUP	YES NO YES	
P VI		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
YSK ding s cer surio	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	211 LOCATION		
/ISIG	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFI	CE FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
DING or a Afte ofth mork	-	27g L certify that (1) (this boson	tul) attended the deceased from	3/28 10 80	3/28	31
TTEN TOR: for us				D/	death accurred on the date and haur o	ond from the causes stated
R All hosp hed feept tem		22b. SIGNATURE	view the bady after death.	DEGREE		224. DATE SIGNED
T. H. T.		Gerevel	Theres	MM ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/29/28
TO HOSPITAL TO FUNERAL should be deti		GEORNE (TYPEO	CHWILL	8 EVEN GI	LEZERI ARMA SE	WN 2114(
D = D = 3 ₹4	23a. E	SURIAL, CREMATION, REMOVAL		C. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COLLEGE
ВР		SPECIFY) Burial	4/1/86 M	It. Lebonan Cemetery	Hoong Chara(C:1	les) Virginia
DHMH - 16 60M 7/84 (VRA 15, 4)	R.	ichard A. Colema Ineral Home	an -Upper Marit	oro, Md.20772 250. DAT	TE REC'D, BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE

Richard A. Coleman -Upper Martboro, Md.20772 Funeral Home





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG NO DECEASED NAME KNOWN 20. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A South Dakota DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 13d INSIDE CITY LIMITS? EVERN 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST UNKNOWN UNKNOWN 17 INFORMANSEVERN, Mary Joand 21144 160 WAS DECEASED EVER 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 503 26 6578 Marie F. Marcus 1361 Ava Road Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO SE DE SE DEPARTMENT C NO K 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC 1 PAGE 4 SHOULD CONTROL TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held on Autapsy Inspection and in my opinian Notural couses Suicide Homicide Undetermined monner TITLE (SPECIFY) (TYPE OR PRINT) William P. Jones, M.D. ADDRESS 695 America Crt., Davidsonville, Md. 21035 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Crownsville A.A. Maryland Crownsville Veterans 4/1/86 Burial 07/84 25M 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Raymond C. Fink Glen Burnie, Md 21061 (VR A15 ME (5))

60016 -00

170

THE RESERVE AND A STORY OF THE PROPERTY OF THE

		-	tems 18-22a 3/2:				AARYLAND I AND MENTAL H	YGIENE A		0 6	6	6	9
0 0	1228	1-	STATE REGISTRAR		ICAL EXAMIN		CERTIFICATE O	F DEATH	REG.	NO.	, 0	0	1
U - U	1228		CEASED NAME FIRST		MIDDLE		LAST	20 DA	TE KNOWN	XXMON	VIH DAY	y YEAR	26. HOUR
	ET SES SE	,,,,,	Steve	n	D.	Ма	rkum	DEA	TH MATED	□ 3	1-2	1986	M
	STREET	3 SE)	X 4 RACE	5 DATE OF BIRTH	YEAR LAST BIRTH	EARS IF UN			ATE	MÖN	TH DA'		1 HOUR
	ON 2 22		nale caucasia			rs.		DE	AD		3-2	1986	p. M
	Y IS NECESSARY, PLEASE HEUNERAL DIRECTOR. GE 5 FOR YOUR FILES. NED, WITHIN 72 HOURS TO WYRRETON STREET,	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WH.			ED NEVER MARRI	IED 🔼	TIMORE CIT	_			
	AND S SA		ENNSYLVANIA		S.A.	WIDOV		IZO USUAL OC	ne Ari				MD.
	SHARWIN J	10 0		(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)			PAPER			ME	KIND OF BU OR INDUSTE WSPA	DEB SA SIME22
		USUA	Annapolis AL RESIDENCE (IF IN NURSING HOME O		cundel Gene RESIDENCE BEFORE ADMISS		Hospital	TATEN	CANIN	T 17 1/	114 12	WOLA	. EN
21201	AND 3 TO AND	1 A F	RYLAND ANNE A	RUNDEL M	ARYLAND"		YES AO	135 STREET AP	BYA L	STRE	EET	2140	1
RAITIMORE MD 2120	JRS AFTER DEATH. IF B. GIVE PAGES 1, 2, WITH FORM PM 3. T. PAGES 1 AND 2 ST.		ATHER'S NAME RONA LD	MA	RKUM		15. MOTHER'S MAIDE		MIDDLE	٠ ٢	STEW	ART	
QX CX	FORM SES 1 A		WAS DECEASED EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURI		17. INFORMANT		ADDŖ				
F	S AFT GIVE ITH F PAGE IVISIO		NO	WAR OR DATES	212-08-	7304	PENNY MA	RKUM S	AME A	S 13	3 E		
			18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y ane cause per line f	ar (a), (b), and (c).)						86	APPROXIMATE	INTERVAL AND DEATH
DIVISION OF VITAL PECORDS, 201 W. PERSTON ST	ED WITHIN 24 HOUR PENCIL IN ITEM 18. AMINER AFORD WANNER AFORD TO THE SERVIT. TENTAL HYGIENE, DI OR REMOVAL.	-	OLOG IMMEDIAT	E CAUSE (0) ACU	ite Ethano		oxication	-9 3153					
TSE	ASIT HYC		Conditions, if any, which	DUE TO, OR A	AS A CONSEQUENCE	OF							
2	NAINE SAN EN		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSEQUENCE	OF							
100	UTED WITHII IN PENCIL I EXAMINER STAL - TRANS		lying cause last.	J 552 10, 5K7	S A CONSCOULACE	Or							
×	AND AND ATIO		PART 2 OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BE	JT NOT RELATED 10 THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PAI	P1 1 (a)					
Š	CERTIFICATE SHOULD BE EXECUTED WITH TING THE WORD "PENDING" IN PENCIL SED TO THE CHIEF MEDICAL EXAMINES 3 SHOULD BE USED AS A BURIAL "RRAN DEPARTMENT OF HEALTH AND MENTAL I PRIOR TO BURIAL CREMATION, OR RE	Z											
-	SE PER PER PER PER PER PER PER PER PER PE	EAT	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?			W 10	20	AUTOPSY?	
Z TA	WORD WORD WORD BE US BE US	CERTIFICATION				130						YESXX	NO []
u C	A THE WEN		216 EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEA	21c. H	OW INJURY OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM	18 PART 1 O	RPART 2)		
S	A A R L L L L L L L L L L L L L L L L L	MEDICAL	CONTRIBUTING CAUSE OF D		3/1 19 8	V		sted ale	cohol				1111
NAI O	THIS CER WARDED PAGE 3 S TATE DEP	MED	WHILE NOT WHILE AT WORK	21e PLACE O STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OF	RTOWN		COUNTY		STATE
	I > Y Y Y		AT WORK AT WORK	4									
	A S S S E S	E.N	22s I certify that Ltaak charge	e of the remains desc	fibed abave, held an	Autop	sy XX . Inspection	n . Inqu	iry L.	and in my	y apinian	4.17	
-	A SECOND		death resulted from Nature	al causes	Acodent IXI, S	Uigeda	Hamiside L.	Undetermined	manner].			
	CAL EXAM		ACTUAL AUTO	111200	hu. Do	Mus	Assistan	t		DA		3-3-8	6
	SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEAT		SIGNATURE		my	- Co- W		MEDICAL EX			SNED		
	TO MEDICAL EXA EXECUTE THE CERT PAGE 4 SHOULD TO FUNERAL DIRE AFTER DEATH JUNE BALLIMORE, MARK		(TYPE OR PRINT) Den	nis F. Sm	yth, M.D.		ADDRESS_ 111	Penn St.	, Bal	to.,	Md.	2120	1
		- (5	URIAL, CREMATION, REMOVAL 2.	3b. DATÉ	23t. NAME OF CE	METERY C	R CREMATORY	23d. LOCATIO	N	(OUNTY	MD st	ATE
07/8 25M	4 BP 90	I	BURIAL	3-6-86	HILLCR	EST	la,	ANNAP	OLIS	ANNE	E AR	RUNDE	L CO.
23/4/	DHMH - 17	74. FI	UNERAL DIRECTOR ROBERT E. EVAI	ADDRESS ADDRESS	01.70		2 A E 2 14	REC'D. BY REGIS	100	EGISTRAR	'S SIGNA	D 10	1
	(VR A15 ME (5))	r	ROBERT E. EVAI	NO ANNAP	OLIS MAR	YLANI)	a roury	1000	and sormal	A. P.		

	1			STATE OF MARYLAND		1 2 7 13
	1	FOR - STATE	DE	PARTMENT OF HEALTH AND MENTAL HYC	GIENG 6	0010
00-03015		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
00 0001	1 DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
o e pe	27 (TYP	Maria Maria	11	Marozza	3 2	3 86 800 m
you de	3 SE	Y	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR IF UNDER 24 HRS
or . I	3 30	· E		MONTH DAY YEAR		MONTHS DAYS HOURS MIN
urs c			Cave.	9 4 04	INO.	
4 10 X		IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
de out	/	Italy	U.S.A.	WIDOWED DIVORCED	Anne Aminde	MD.
er d	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
to the transfer of	31 4	nnapolis	Anne Amind			Home
in b	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION)		21/1/
10 21	1	STATE 136 COL	INTY 13c CITY C	verna 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	- 2/146
AN CHANGE		aryland Anne	Arundle Se	15 MOTHER'S MAIDEN NA	206 McKinsey	Road
MARYLA ed within		FIRST	WIDDLE	AST FIRST	WIDDLE	LAST
W E	1	Joseph	Vince			
ORE, secured of conditions of the conditions of		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO. 17 INFORMANT	Severna Park	. Md. 21146
MORE exectly and of the control of t	N	0	220-	26-5435 John Maros	zza 206 McKins	ev Rd.
BALTIMOR cate be exect ysician and appers. Pages vol.		18 CAUSE OF DEATH (Enter of	inly ane couse per line far (a),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physon poly		PART I. DEATH WAS CAUS	ED BY	liec arrhym Thia		
cert cert		IMMEDIA	TE CHOSE (G		,	
sath tend e co an, o		Candidan II		ere Corunary ar	Terry disease	
PRES ne off motic		Conditions, if any, which gave rise to immediate	(b) Sev	ere coronary ar	49 0/13-16	
W.P		cause la', stating the underlying cause last	DUE TO, OR AS A COM		10000	
d the			101		iclopsis	
S, 20 vires ugne een pl bury, 6	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TERM		EN IN PART Tra
ORDs requ en si The or to cinju		1) VOSSID		incy - not proven	2) OsTeonrihm	115-Spine
RECORDS, In the require to be prior to be so seen signer to the prior to be so seen signer to be prior to be so seen signer to be seen sig	7 8	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	YING CAUSES OF DEATH?
he jon.	CERTIFICATION				YES NO YE	
F VITAL	U W	710. ACCIDENT WAS UNDERLYING	110110 4 11 11011		RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
ON OF IYSICIA ding ph ding ph is certifi buriol-tr Mental or them	7 7	OR CONTRIBUTING CAUSE OF O	AIR	TH DAY YEAR		
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
Also Also Also Also Also Also Also Also	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
Afte or		22a. I certify that (I) (this has	and adults document	10 80	3/23	10 8/ 15 (1)/100
OR STATE		saw the deceased place?	no 3/2		death accurred on the date and hou	19 (we) lost
ATT OSPUID OSPUID OSPUID OF TO		22b Sola American	at her the body after death	DEGREE		22c. DATE SIGNED
OR DOR		(h/)	C /	ATTENDING .	MEDICAL STAFF	4/7/01
PITAL by th ERAL e deto Stote		you Al	- Then	PHYSICIAN	DIRECTOR PHYSICIAN	11/2/801
SSP LA	/	224 PHYSICIAN I NAME (TYPE	OR PRINT)	22e ADDRESS	111	12
TO HOSPITAL retained by th TO FUNERAL should be detain with the State I		Joseph	N. Stien	205 Ridge	y pre mur	18/15 NS
D = 5 + 3 3	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	230 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	3-25-86	Rose Hill Cemete		Wash Md
DHMH - 16 60M 1/75	24 F	UNERAL DIRECTOR		Potomac St. 250. DA	TE NEC'D. BY REGISTRAR 25%. REUIST	RAR'S SIGNATURE
(VR A 15 (4))		NAME NT Mi-	Nach II-	Mamrand A	PRO 9 1986 Julia D	evidoon-Handalle
	- 0	erald N. Mir	uich Hagers	stown Maryland A	110 3 1300	

AFES . Do pleas nor we. 10 15 15 15 This response with the control of th

065093	1 - STATI	E STRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO.						6 / EST
	I. DECEASE			MIDDLE		AST	20 D	ATE OF DEATH MONT	H DAY YEA	AR 25 HOUR
yy be ge 3 eoth	(TYPE OR PRIN	WALTE	R	E	M	ARSH		MARCH	4,	1986 620 _M
ò a a	1 SEX		4 RACE		5. DATE (F BIRTH	6 AG	E (IN YEARS LAST BIRTHDAY)	IF UNDER I	FAR IF UNDER 24 MRS
4 9 9 9	Ma	le	Wh	ite	Oct	. 7, 1909 TEA	A.R	76	YRS MONTHS 0	AYS HOURS MIN.
2 6 301	IL BIRTHPLA	CE (STATE OF FOREIGN	76. CITIZEN C	OF WHAT COU	VTRY? 8		9 BA	LTIMORE CITY OR CO		н
eoth 1727	Mary	yland	US	A	WIDOW	DIVORCE		ANNE A	ARUNDEL	COUNTY MD
Softer o	IN CITY OR	GLEN BURNI	(IF NOT IN	SUCH FACILITY, GIVE	STREET ADDRESS)	OSPITAL	{TYPE	USUAL OCCUPATION OF WORK FOR MOST OF WOR tired, Cus	KING LIFE) INDUS	AA County
AND 212	13a STATE	/land	OUNTY AA	13c CITY OF		13d INSIDE CITY LIMI	ITS? 13e.ST	TREET ADDRESS / ZIP	CODE	21061
MARYL, ed within	ATHER'S	NAME FIRST Try	WIDDLE	Mars	sı h	15 MOTHER'S MAIDE FIRST	EN NAME Unknow	widore		LAST
d control		CEASED EVER IN U.S.	ARMED FORCES	? 166 SOCIAL	SECURITYNO	17 INFORMANT		ADDRESS		
be exe	Yes	OR UNKNOWN) (IF YES	W II	215-0	9-4041	Caroline	Marsh	, Same as		
rtificate physician physic	18 CA PA	USE OF DEATH (Enter RT I. DEATH WAS CAU IMMED	only one couse p JSED BY: IATE CAUSE (0)	Response	ib, and ic	3 Free	Die		BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of otherding physician and ceiming the risk certificate has been signed by the otherding physician and ceiming the build-transit permit. Then please remove corbon papers. Pages in the hand Americal Hygene prior to burial, cremation, or removal. In and Americal Hygene prior to burial, cremation, or removal.	gove	rise to immediate (0), stoting the	(b),	OR AS A CON	gastie	DISCO	TR.	hore.		
RDS, 20	PART :	OTHER SIGNIFICAN	IT CONDITIONS	CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE	E TERMINAL D	DISEASE OR CONDITIO	N GIVEN IN PAR	T lio
VITAL RECO NI. The low r hystron. ricote hos bee runsit permit. Hygere print. Hygere print. 18 shows only	Z1o. AC	TE OF OPERATION	196 CON	ndition for w	VHICH OPERATIO	N WAS PERFORMED		AUTOPSY? 20b.	IF YES, WERE FILL CERTIFYING CALL YES	NDINGS USED JSES OF DEATH?
IYSICIAN: T ding physic is certificate burial-trans Mental Hyg or them 18 sh		CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF HER NOTIFY MEDICAL EXAM	DEATH HOUR	OF INJURY A.M. MONTH P.M.	H DAY YEAR	21c. HOW INJURY O	CCURRED (E	ENTER NATURE OF INJURY IN IT	EM IB PART I OR PAR	T 2)
VISION VISION The bury the bur	WHILE			STREET, FACTORY, C	DEFICE, FARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
a see of		ertify that (I) (this haw the deceased alive	- 121	he deceosed	Section 1	. 19_	0 to	3/4	19_81), that (I (we) last
OR ATTEN e hospitol DIRECTOR ched for un Dept. of H	al	pove, (1) (web (did) land	not) view the bo	dy ofter death.			ginion death o	occurred on the dote on		
	N	GNATURE	3 Ke	er	n	DEGREE ATTENDI PHYSICI	ING MED	DICAL STAFF	3	ATE SIGNED
HOSI Inned FUN b the	, 27d. PF	PARFOT		PNTCK.	M D	22e. ADDRESS	95 EN BUR	AQUAHART I		
of of the state of	23a. BURIAL.	CREMATION REMOV		EXTIN.	23c NAME OF C	METERY OR CREMAT		LOCATION	THE CTO	<u> </u>
BP	(SPECIFY)	rial		h 6,86		n Cemetery		Baltimore	COUNTY	MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL	James S. k	(irkley,	Glen B	urnie, M	D 25	MAR	4 1986 7	EGISTRAR'S SIGI	NATURE

Water Long

ner og til far gåret se

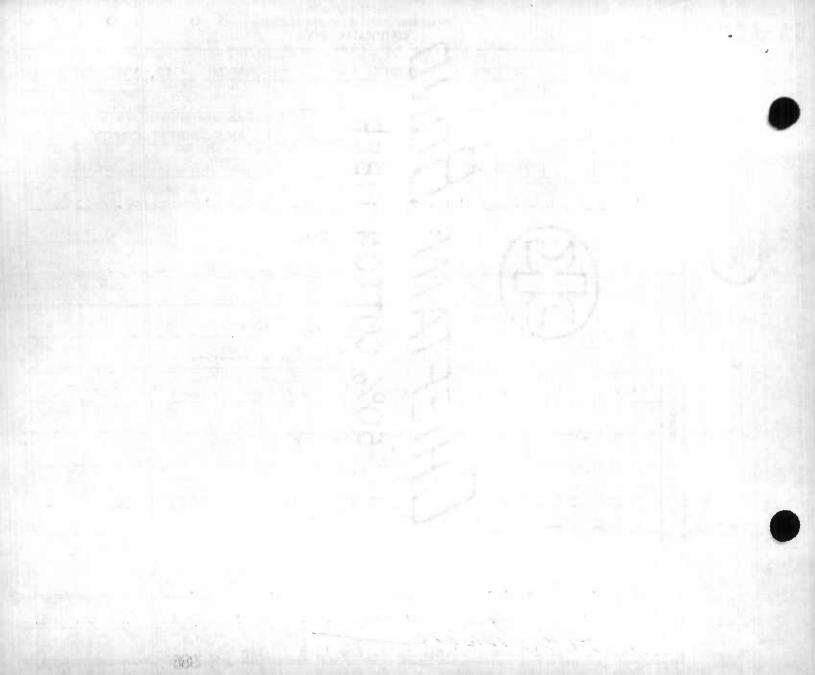
0-0221 the control of the co The first property of the state of the state

Glen Burnie, Maryland

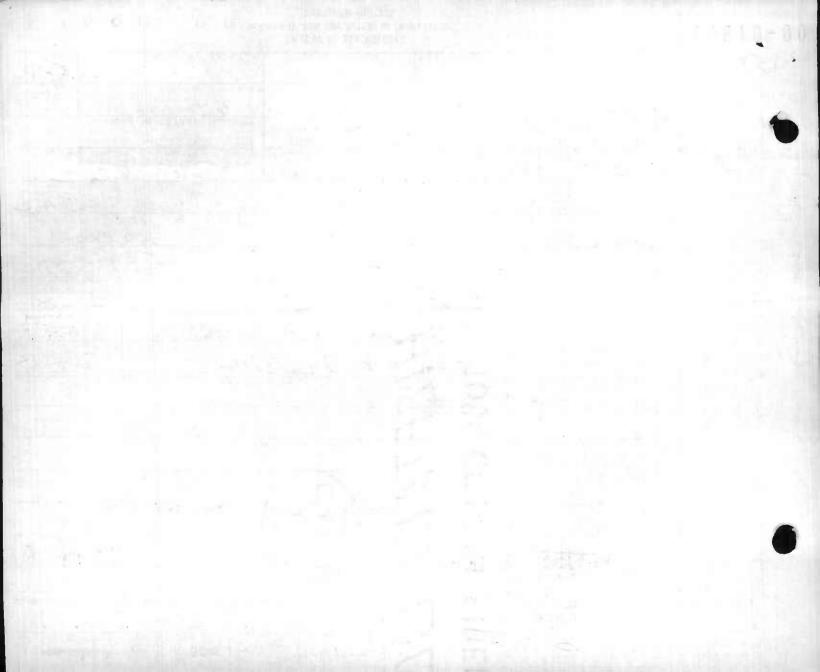
DHMH - 16 60M 7/84

(VRA 15, 4)

Singleton Funeral Home



00-0160	9 1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 6 C	06674
12/1		PE OR PRINT) WILBUF	MIDDLE LEE	MATTHEWS	20. DATE OF DEATH MONTH MARCH	25, 1986 1545PM
A may	3.5	MALE	4 RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR JANUARY 5 1922	6. AGE IN YEARS LAST BIRTHDAY) LO + YRS.	FUNDER I YEAR IF UNDER 24 HRS
- Company of the Comp	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri	76 CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNT ANNE ARUNDEL	Y OF DEATH MD.
40.00	21 10	CITY OR TOWN OF DEATH FT. MEADE		NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FO® MOST OF WORKING CWO 4 (RET)	126. KIND OF BUSINESS OR INDUSTRY
MORE, MARYLAND 2120 e executed within 24 hour and completely tilled in the Pages 1 and 2 should be 1 redictle exemples.	20	ARYLAND FATHER'S NAME WAS DECEASED EVER IN U.S. AR (YES, NO RUNKNOWN) (IFYES, GM	MATTHEW	13d INSIDE CITY LIMITS? YES NO X 15 MOTHER'S MAIDEN NA FIRST CLARA URITY NO. 17. INFORMANT (S	Son) ADDRESS	hington Ave nd. 21144 CURROW 4 Washington Ave ern. md 21144
RECORDS, 301 W. PRESTON ST., B. law requires that the death certificates been signed by the attending physical to burn please recolours collaborate perior. The purior, corresponding, or standon, or	SIN	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	TE CAUSE (0) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTEIBUTING TO	HAC HRROAT	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH?
DIVISION OF VITALS PITAL OR ATTENDING PHYSICIAN. The Stay the hospitol or affending physician NGRAL DIRECTOR. After the certifician by deached for use as the thursd-inspirit per State Deep of Health and Mental Hygient ANT II them 21 is marked or them 18 shaws	9 Manican	OR CONTRIBUTING CAUSE OF DE IF ETIMER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WITH NOT WHILE AT WORK 220. I certify that (I) this hosp with deceased alive are above (I) we) (II) (II) (II) (II) (II) (II)	ATH HOUR A.M. MONTH C P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ital) attended the deceased from 27 19	PAY YEAR 19 21f. LOCATION STREET And that in (my) (aur) apinian DEGREE ATTENDING 12e. ADDRESS/6-4440	CITY OR TOWN city or Town death accurred an the date and h	COUNTY STATE , 19 , that (I) (we) last
Bb————————————————————————————————————	_	KIMBI	OUGH ARMY HOSPIT	MANY LAND VETER OF CREMATORY.	23d LOCATION	COUNTY STATE A A CO. Md.
DHMH - 16 25M (VR A 15 (4)) 9		FUNERAL DIRECTOR Singleton Funera	Avalta Glene Glene Bur	cnie, Maryland 250 M	ARE 2. By REGISTRAR 256. REGI	STRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00-02529 REGISTRAR REG. NO DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-DEATH MATED OUR FILES. James Bernard Mavhew 27/19 86 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS DAY PRONOUNCED Male Sept 4,1914 71YRS White DEAD 86 P / 19 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland USA WIDOWED DIVORCED Anne Arundel 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Clerk City of Bowie Gambrills 1653 Underwood Rd BALTIMORE, MD. 21201 13a STATE 113h COUNTY 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Anne Arundel Maryland Gambrills YES . 1653 Underwood Road 21054 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST Mayhew James B Eva Estelle PADGETT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS Edith L Mayhew Same as #13 216-05-3838 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotaun Wound of Chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG USED AS A E OF HEALTH CERTIFICATION CATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES T NO 21g. EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING YOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 3/ 27/19 84 self inflicted wound 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 21f. LOCATION TO MEDICAL PARTITIONS SECURE THE CENTRAL PAGE 4 SHOULD BE FORWARDED TO FUNETAL DIRECTOR: PAGE 3 AFTER DE ALL MANTH THE STATE DE BALTIMOGE, MANTHAND, 21201 F AT WORK AT WHILE STREET, FACTORY, FARM, ETC) CITY OR TOWN 1653 Underwood Rd. Gambri Anne home Md. 226. I certify that I took charge of the remain described above held a Autopsy X and in my apinion Suicide XX death resulted fram: Natural courses Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 3/28/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS. lll Penn St. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE lApril86 Suitland Burial Cemetary Sultiand, Fig. Daterec D. By REGISTRAR 236 REGISTRAR'S S CHATURE Cedar Hill 07/84 25M 24 FUNERAL DIRECTOR NAMERobert **DHMH - 17** E Wilhelmoress Funeral (VR A15 ME (5)) Home Suitland, Md



(VRA 15, 4)

But the state of t

00578	1-	FOR STATE			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 6	0	6 6	Zor /
-	1. DEC	REGISTRAR EASED NAME OR PRINTI	PAUL	INE	MIDDLE I	McINT	a S T	REG. NO	MONTH D		26. HOUR
dep /		MA	IRY	P		CINTY	RE	MARCH		1986	724 PM
9	3 SE)	FEMALE		RACE WHIT	?E	S DATE C	DAY YEAR	6. AGE JIN YEARS LAST BIRT	M	ONTHS DATS	IF UNDER 24 HRS
70	(RTHPLACE (STATE OR FOR FOR FOR FOR FOR FOR FOR FOR FOR		b. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	TO A STATE OF THE PARTY OF THE		MD
54	10 CI	TY OR TOWN OF DEATH		(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET ARUNDEL	ADDRESS]	TAL	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O ASSEMBY		INDUSTRY	F BUSINESS OR
35	13a S	AL RESIDENCE (# MURSIMATE 1: RYLAND	3P CON		130. CITY OR TOW PASADEN	'N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 7787 WEST		ROAD	21122
050		THER'S NAME FIRST	٨	AIDDLE	WILLA	RD	15. MOTHER'S MAIDEN NA ELIZABETH	ME		WAT.	rs
Poper 1		VAS DECEASED EVER IN VES. NO OR UNKNOWN) NO		MED FORCES?	16b SOCIAL SECU 241.14		Mr. Buford	sband) ADDRE E. McIntyre		as 13	
n signed by the offend Then please remove co t to buriol, cremotion, o injury, or other froumo!	NOI	Conditions, if ony, gove rise to imme cause (a), stating underlying cause	the last	(b) DUE TO, O	IR AS A CONSEQUE	ENCE OF	Live HC Lew Tie Cardi NOT RELATED TO THE TERM	evadular di evadular di MINAL DISEASE OR CONI	ecose DITION GIVE	EN IN PART 110	D.
hos bee	CERTIFICATION	19a DATE OF OPERATION	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
he buriol-transit and Mentol Hygie ad or Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA	USE OF DEA	P 21e. PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REEL FACTORY, OFFICE, E	19	211 LOCATION STREET	RED (ENIER NATURE OF INJUR		COUNTY	STATE
CTOR: After for use as t of Health o 121 is mark		while AT WORK 220-1 certify that (1) (t sow the deceased above, (1) (we), (dic	this hospit	3	17- 19 8	3/17	id that in (my) (our) opinion	deoth occurred on the do	te ond hour	and from the	
detoched tote Dept		226. SIGNATURE	e	1			ATTENDING PHYSICIAN	A series and a series	IAN []	March	SIGNED 18,198
should be with the St		1.AKEMIP			ASAN M.D.			06 HAMMONDS RE.MARYLAND		(
5 % ¥ ₹		SURIAL, CREMATION, RE SPECIFY) Burial		236 DATE			EMETERY OR CREMATORY Haven Mem. P	23d LOCATION		A A C	o. Md.
NH - 16 50M 4/83	24. F3	MERAL DIRECTOR	H	BU	man	~		TE REC'D, BY REGISTRAN	SHOT SHOW	ARTS SIGNATI	une parplatel

WE O Use a Mark to the state of the party of the same

00-	00561		OF TR A			DEPART	MENT OF H	EALTH AND MENT ICATE OF DEAT		NE 8	6	0 6	6	78
	0000		REGISTRAR CEASED NAME	FIRST	ımız	MIDDLE		AST	2	RE DATE OF DEA	G. NO.	DAY YE	EAR 2b	HOUR
	4 75		ORPRINT)	BEI	1 840	J.	IV	ICHALEK	1	3-16-80	0		8	:35 AM
	1 10	1.5E	the second second second		RACE	F B	S. DATE C	OF BIRTH	6	AGE (IN YEARS L		IF UNDER 1		INDER 24 HRS
	11		FEMALE	21	15-30	WHITE	Jur	_	933	52		RS	DAYS . HO	URS MIN.
	1000	7a Bi	RTHPLACE 19 ATE ORF	OREIGH - 7	L'CMZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRI	RIED 9	BALTIMORE C	TY OR COU	NTY OF DEAT	1H	
	14 4V	W.K.	VIRGI		U.		WIDOWE	D DIVORC	CED 🔲	Anne A		el Co.		MD.
	1 11 000		TY OR TOWN OF DEA	TH 1	II. NAME OF	HOSPITAL, NURSING HEACHLITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		TYPE OF WORK FOR				ISINESS OR
102	Ser Co		nnapolis		Anne	Arunde.	l Ger	eral Hos		Homema				
27	135315/	มรบ โว๊แ	AL RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIA	IMITS? 113	STREET ADDR	ESS / ZIP C	ODE 2	121	1-
AND	CENTER		Md.	A.A		Brookl			XX	402 Wa	verl	v Ave.	0X 0	0
RY.	1 124 A A	14. FA	THER'S NAME	M	NDDLE	LAST		15 MOTHER'S MAIL	IDEN NAME	MID	DIE	Television (LAST	
MA	1 War		James		E.	Coff1:	in	Gla	adys	MID	DIE	F	Burf	ord
#	1 1 37	16a V	VAS DECEASED EVER	IN U.S. ARN	MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT		А	DDRESS			
IMO	P. 00 4		YES, NO OR UNKNOWN)	TIP TES, GIVE	WAR OR DATES)	215 30	0239	Thomas	S. N	lichale	k sar	me as	13	е
TIVI	4 5 4 4.		18 CAUSE OF DEAT	H (Enter only	y ane cause per	line far (a), (b), ar	dic ^							INTERVAL I AND DEATH
-	phy phy		PART I. DEATH W	AS CAUSED	BY: CAUSE (a)		B	reast o	Can	tev			3400	
2	den ortho		BERTH	IMMEDIATE		R AS A CONSEOU	ENICE OF	ALC: UK						
STO	feet and the second		Canditians, if any,	which	(16)	R AS A CONSEGO	ENCEOF							
V. PRE	4 4114		gave rise to imm cause (a), statin- underlying cause	nediate g the	DUE TO, O	r as a conseou	ENCE OF						3'	
6	the second secon	94			((c)_									
105,2	April 1	NO.	PART 2 OTHER SIGN	HIFICANT CO	onditions <u>c</u> i	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO TH	THE TERMIN	al Disease or	CONDITION	GIVEN IN PA	RT 1 a	
000	1 10017	CERTIFICATION	90 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	200 AUTOPSY	20b. I	FYES, WERE F	INDINGS	USED
3	3: 1110×	#				_				YES NO		ERTIFYING CA	USES OF I	DEATH?
TIA.	N S S S S S S S S S S S S S S S S S S S	8	21a. ACCIDENT WAS UND		216 TIME C			21c HOW INJURY	OCCURRED	ENTER NATURE C	E INJURY IN ITEA	A 18 PART I OR PA	RT 2)	(3)
ö	51 111 AX	3	OR CONTRIBUTING			M, MONTH D	19							
NO	544 5	WEDIC	214 INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION	877		ORIOWN	COUNT	The	STATE
N N	the dead	Z	WHILE NOT WH	ILE	(AT HOME ST	REET, F actor-Office	ARM ETC)	SIREET		CIII	OKIOWN	COON		STATE
	A SE		22s.1 certify that (I)		al) attend ę d th	e deceased fram_		. 19.	2	, to	3/16	19 80	that	(I) (we) lost
-	2 P P D P P P P P P P P P P P P P P P P		abave, (1) (we) (d	d alive an_	3/	15_19_	8600	d that in (my) (our)	opinian dec	oth occurred on	the date and	hour and fran	n the causi	es stated
	CI HILL		226 SIGNATURE	Na (Jaia not)	. ()	0		DEGREE	1			22c. [DATESIGN	VED.
	24 244 7		Hera	ut >	- 7e	Roull	ill	O ATTEN	IDING	MEDICAL DIRECTOR PI	STAFF		3/16	186
	THE STATE OF THE S		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS				9 1		
	PO FUN		Stuam	TE.	Selo	nick, u	MD,	SI Frau	uklin	St.	Anuc	apolis	, Mic	d.
	25 - 41 5		URIAL, CREMATION,		23b DATE			EMETERY OR CREMA		23d LOCATION		COUNTY		STATE
	BP		Bur			9/86 Ce		Hill Cen		y Broo	klyn	A.A		Md.
	DHMH - 16 60M 7/B4		NERAL DIRECTOR B			ADDRESS	2122	1	250 DATE R	EC'D. BY REGIS	TRAR 25b. RE	GISTRAR'S SIG	NATURE	.92
	(VRA 15, 4)	G	eorge J.	Gone	e 400:	Ritchi	e Hg	wy	MAR	1 8 1986	1 -	/ HOWN (WJD)	- 1 - 1 a	

00-8626 F Hers V The state of the s The state of the s .evil Trove. 50 St.

				STATE OF MARYLAND		
00-0188	1	FOR - STATE REGISTRAR	DEPARTA	IENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		0 6 6 7 9
	1. DE	CEASED NAME FIRST	MIDDLE	EAST OO LICE OF O AT	REG. NO.	TH DAY YEAR 26 HOUR
may be page 3	(TYP	Wesles	Golbert Monton	non K MAN	3	25 86 930
may pa	3 SE		1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
ctor s off		Male	White	5 19 72	63	MONTHS DAYS HOURS MIN.
# # # A	7a B	RTHPLACE (STATE OF FOREIGN	TE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
201	1	llinois	USA	WIDOWED DIVORCED [Hone Ar	undel MD.
(C) 153	۵	0.00	11. NAME OF HOSPITAL, NURSIN	DDRESS)	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR	1100 11
	- ÚSU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	UKIVII DETVIC	21461
The state of the s		IVICI mi	Fredy Amingo	YES NO	46/ Honer	STrat ME
d 2 s	J4 F.	ATHER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN!	NAME , ,	LAST
omple on one		Hibert	Monkman	Ellen		Larson
Pages,			MED FORCES? 166 SOCIAL SECULAR	1230 C. D.I.	ADDRESS	same as
Goon Goon Frencers. F				19281 C. HIISK	De Monkm	
physical move move		PART I. DE ATH WAS CAUSED		TIG CANCER /	ecurcity	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r rent		IMMEDIAII	E CAUSE (o)	0.0	25.670	
tend on, o		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF / VOG	18/19/10	
the rem		gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQUE	NICE OF		
by by oth		underlying couse lost.	(c)	NCE OF		
N 0 0 L	_	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TE	rminal disease or conditio	ON GIVEN IN PART 110
9 cF = E	ě	Chrona 05811	where pulmon	as disease		
8 9 5 6	CERTIFICATION	190 DATE OF OPERATION	- /	OPERALION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
N. The Laysician.	E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	4/013	YES NO NO	YES NO
SiCIAN. The physicic certification of certification or certification or certification or certification or certification of the certific		OR CONTRIBUTING CAUSE OF DEAT		Y YEAR	JRRED (ENTER NATURE OF INTIRY IN IT	EM 18 PART 1 OR PART 2}
IYSICIA ding ph s certifi buriol-tr Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	2H LOCATION		
Ten the she she	ME	WHILE NOT WHILE IT	(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
DINO or of se os se os s		22a.1 certify that (I) (this hospital	al) attended to deceased from	3/8/ 10 8	6 5/10	
TTEN TTEN TOR for of He		sow the deceased alive on_		26 , and that in (my) (our) apinio	on death occurred on the date ar	nd hour and from the causes stated
hos hos hed ept tem		22h SIGNAJORE	view indesody drier fredin.	DEGREE		221 DATE SIGNED
SPITAL O Jaby the NERAL D be detoc e Stote D TANT: If I		chill /	V //5/W.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/20/04
HOSPITAL ined by t FUNERAL old be det in the State	1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	1	- Amingolis,
TO HOSP retoined I TO FUNE should be with the S		Wohn w. Wh	ANASMO, INC	103 6100km	s tople cui	EW Ma. 21%
	23a. E	URIAL, CREMATION, REMOVAL	23b DATE 23c N	AME OF CEMETERY OR CREMATOR	23d LOCATION CITYPRTOWN	_COUNTY ATATE
BP	24.5	remation	Mar 26,1986	edar Hill	Suitland	P.G. mu
DHMH - 16 60M 7/84	1	NAME PAME	0 00 NADDREN	25a D		EGISTRAR'S SIGNATURE
(VRA 15, 4)	170	ylor lunem	I Chapel- Hr	inapolis, MU A	MAR 27 1986 34	the Davidson-Adadete.

13811-111 12 habitate on 14 --- 1 AND REPORT OF THE PROPERTY OF Parameter Company of the Company of A HA Library Could a way on a 2 may 3 to 1 to Annal 1 to 1 to 1 May all applications of the real world and reverse The first of the state of the s

(VRA 15, 4)

Home

Bowie, MD

20715-3043

STATE OF MARYLAND

June 20, 1915

Jule 2

BE DESCRIPTION OF THE PROPERTY OF THE PROPERTY

BASS WILLIST CROP W promise a language in MARKET BOWTEN HE F. H. 1910 C. LALTS. ST. L. T. HOST WARDS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-02099 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST * DECEASED NAME 20 DATE OF DEATH 2b HOUR TYPE OR PRINTS William 86 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 7ª BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Anne Arundel Connecticut WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Annapolis Anne Arundel Gemeral Hospital Retired manager Printing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE jarvland Anne Arundel Crofton 1613 Crofton Parkway YES KOK NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Wilhelm Munz Marry McDonald 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST No 089-01-4216 same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse tol, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 90 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [6 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY Hys 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED TH. LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC 1 CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceosed olive on 3 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body ofter death SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 136 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY BP. Burial-transit 1986 St. Marys Cemetery Hamden New Haven Connecticut

16000 Annapolis Road

Bowie, Maryland

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Beall Funeral

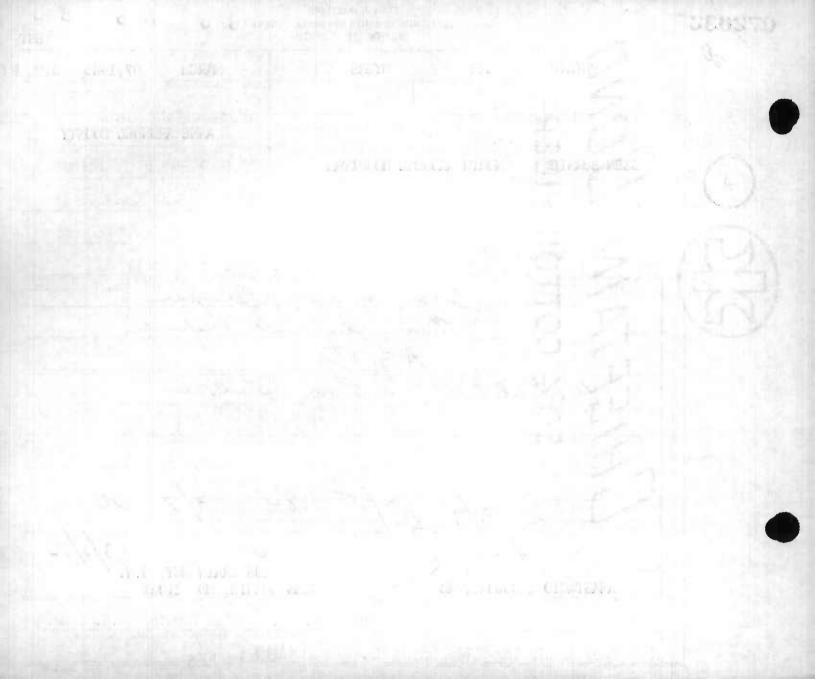
Home

A Should

U to the property of the second control of

Tref dagance result of thin do not a room pro-

Control of the contro



(VRA 15, 4)

E TOUR SERVICE SERVICE

and the second of the second o

none may restor the -1-2 Cultur

• \ \ () | [)

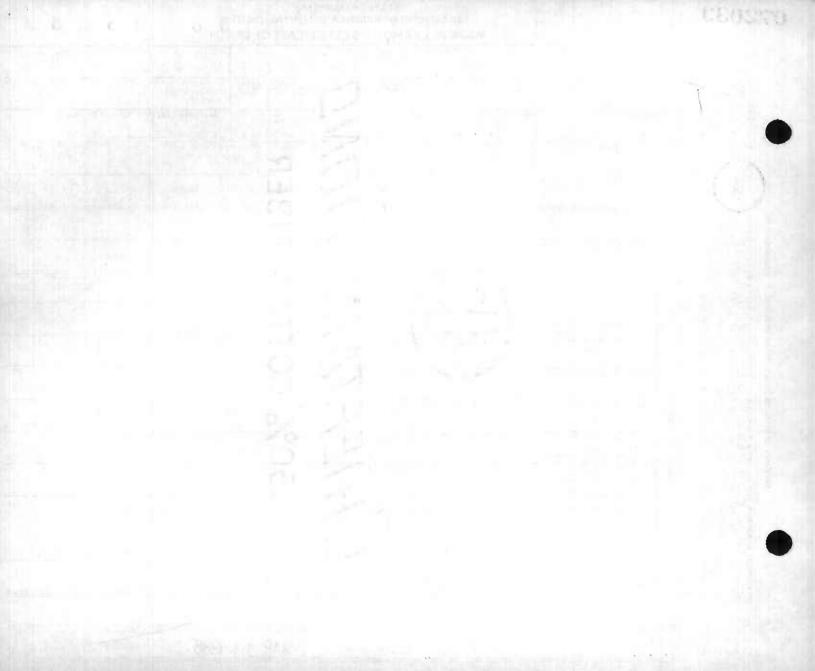
CERTIFICATE # 86.06685



	1/			STATE OF MARYLAND		45. 4 44. 4
00-00984	Įì.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 6	06585
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26. HOUR
moy be	(TYPE	OR PRINT) R. 16	11	N L .	3 11	101
dec dec	-			Newton	- 1	4/86. 5:10 AM
E G	3-52	4 R	ACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ge 4	F	emale 1	1) hite.	May 19,1903	82	YRS MONTHS DATS HOURS MIN.
Po Po			CITIZEN OF WHAT COUNTRY	? 8	- 9 BALTIMORE CITY OF CO	
nerol n72	NIC	OUNTRY)	1.50	MARRIED NEVER MARRIED	0 -	7 1 1
he fune within	10 C	ewjork	USH	WIDOWED DIVORCED [Hane	Hrundel MD.
d will	100	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINESS OR INDUSTRY
- 0 6 0	H	nnapolis	one Arund	pl General Hospit	al Homemal	1 11
12 be see	USU	AL RESIDENCE (IF NURSING HOME OR OTH	ER INSTITUTION, GIVE RESIDENCE BEF			
ND 2 filled outde	130	STATE 136 COUNTY	CITY OR TO	1 100	130 STREET ADDRESS	-21401
Short Short	14.57	THER'S NAME	Hanna	IS MOTHER'S MAIDEN I	121. E 551A	g lorest Koad
A Series		FIRST MIDD	E · O LAST	13. MOTHER'S MAIDEN	MIDDLE	LAST
w ted		I homas t	t. Denne	tt Many	= lizabe	th Scott
RE, secu	16a V	VAS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	Same as
BALTIMORE, cote be executed by siction and coppers. Pages, vool:	,	TO STATE OF THE WAR	199.3L	-No28 Thomas	G Noutan-	11.10
F 9 10 2 1		La CAUSE OF DELIVIDOR			G. Memian-	
ST., BAI		18. CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY	te cause per line for (a), (b), (ind(c)	4 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IST., BA	100	IMMEDIATE C	AUSE (o)	Clays line news	· reulent	1 minth
TON S oth ce			DUE TO, OR AS A CONSEO	UENCE OF	0	
PRESTON he death or ne attendin motion, or r traumatic		Canditions, if any, which	(b)	Albrial sefliel	defect.	Yeer
		gave rise to immediate couse (a), stating the	70, 20, 15, 150, 150, 150, 150, 150, 150, 150			
A to Se of		underlying cause last.	DUE TO, OR AS A CONSEO	DENCE OF		
s the sole of the sole of the or o		`	(c)			
DIVISION OF VITAL RECORDS, 301 NG PHYSICIAN: The low requires the other this certificate has been signed to the british provide has been signed to the british provide has the british provide has the british provided or them 18 shows any injury, or a privated or them 18 shows any injury, or a privated or them 18 shows any injury, or a privated or them 18 shows any injury, or a private or them 18 shows any injury, or a private or them 18 shows any injury, or a private or them 18 shows any injury, or a private or them 18 shows any injury, or a private or them 18 shows any injury, or a private or them 18 shows any injury.	Z	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)
O vie	CERTIFICATION	19a DATE OF OPERATION	18h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20g. AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
REC.	F	THE DATE OF GREATION	170 CONDITION TON WITH	TO PERATION WAS PERFORMED	IN (CERTIFYING CAUSES OF DEATH?
TAL The cicion set possit progrems show	1 =				YES NO NO	YES NO
SICIAN: The physicion certificate a rindi-tronsit entol Hygie entol Hygie frem 18 sho	Ö	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
N OF SKIA ng ph certif certif ventol	1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHYS ending this of the burned Med or the	MEDICAL	21d. INJURY OCCURRED	71e PLACE OF INJURY	211. LOCATION		
VISI Tren the the and	Σ	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
		AT WORK — AT WORK —		711	7/1/	7
SND ol o		270. I certify that (I) (this hospital)		7	, 10 > / 14 /	, 19 6, that (I) (we) lost
Spital Sp		saw the deceased alive on above, (1) (we) (did) (did nat) vie		and that in (my) (our) apinio	on death accurred of the date for	d hour and from the couses stated
P be B B B B B B B B B B B B B B B B B B		226. SIGNATURE	De	DEGREE		72c. DATE SIGNED
Y the Ory the GRAL DI detach		Gerra	Thurst	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN [3/11/3/
AN Sto		22d. PHYSICIAN'S NAME (TYPE OR PRIN	(T)	22e ADDRESS	E CIRCLON PHISICIAN	severing!
O HOSPIT TO FUNER TO FUNER TO FUNER WITH THE STI		GUNAAAA C	HUNCH	8 6V 5016	MISON HOM	NAIK MD 21146
TO HOSPITAL of retained by the TO FUNERAL Is should be detoo with the State IMPORTANT: If						17701
	23a. B	URIAL, CREMATION, REMOVAL 23	3b. DATE 73c	NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OF TOWN	OUNIY
BP	C	remotion 1	larch 16 1986 (edar Hill	Swittend	P.G. MO
DHMH - 16 60M 7/73	24. FL	INERAL DIRECTOR	ADDRESS	25a. D	MAR 2 0 1986 256. R	EGISTRAR'S SIGNATURE
(VR A 15 (4))	10	Hor Funeral C	hapel Anno	ipolis, MM	MIMIL S 0 1300	and
	110	A.O. I WILLIAM	THE PARTY	Thurst I	17	

Arena de la companya Listed Francisco Legal Land Commission Colors Attack Widelight with Wiser D. W. Store P. Elle - mother Market and the most of the second of the The same and series bearing the series and the series of the series and the series are the series and the series and the series are series are series and the series are series and the series are series are series are series and the series are series are series are series are series and the series are series

07	2039	1,	FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 6 0 6 8 /									1			
		STATE REGISTRAR		MED	ICAL	EXAMINE	R'S C	ERTIFIC	CATEC	F DEA	HF.	REG. N	10.	, (, 0	1	
		CEASED NAME	FIRST		MIDDLE	1-2		LAST			2a DATE OF	KNOWNX	MONTH	DAY	YEAR	26 HOU	
	ELEGE SAS	-		Karim		S.	4.47	Nia				DEATH	MATED {		-9	1986	
	T SO CONT	T. SE)	M	W	12 30	YEAR 85	6. AGE (IN YEAR LAST BIRTHDAY YRS	MANTH		IF UNDER		PRONOUN DEAD	NCED	жонтн 3-	-9	1986	noor
•	SEE	90	RYLAND	04	U.S.A		TRY?	MARRIE	ED NE	VER MARR	IED [Arun	_			AA
	T WEEK	1	Glen Burn	ie		Arunc	del Hos	pita		TION	12g USU FOR A		PATION (TY		12b KI		ISINESS RY
1130	元		RESIDENCE (# P	IN COUNT	OTHER INSTITUTION, GIVE		ORIGUNI BURNI		13d. INSIDE (NO [13° STR	ET ADDRE	ESS WOOD 1	RD. 2	2106	1	
RE, MD.	See		TARIQ		MIDDLE		VIAZI	1	M.	ER'S MAIDI ELIND		N	AIDDLE			NEL	SON
BALTIMORE	HIS AFTER E I. GIVE PAC WITH FORM I. PAGES I DIVISION C	NO Y	VAS DECEASED EV ES, NO, OR UNKNOWN)	(IF YES, GIVE W	ED FORCES? AR OR DATES)	16b. SOC	UNKNO		TAR		AZI 1	1001	ADDRES OAKWO). 2	1061	
. 7	T 00		18. CAUSE OF DI PART I DEATH	WAS CAUSED	ane cause per line f BY: CAUSE (a) S		, and (c).) n Infan	t De	ath S	yndro	ome		- 1/-2		BET	WEEN ONSE	E INTERVAL T AND DEATH
W. PREST O WITHIN WINER A TRANSIT ENTAL HY OR REMO		gave rise	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF														
CORDS	D BE EXECUTED PENDING" IN 1 MEDICAL EXA SA BURIAL EXALTH AND MICHAEL E	Z	PART 2 DTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING TO DEATH BU	JT NDT RELA	TEO TO THE TERMIN	AL DISEASE	DR CONDITIO	N GIVEN IN PA	IRT 1 (a).		file				
ITAL REC	HOULD WED A LOSED A OF HEA OF HEA JRIAL, CI	CERTIFICATION	19a, DATE OF OP	ERATION	196 CONDITI	ON FOR V	N FOR WHICH OPERATION WAS PERFORMED?								AUTOPSY	, NO [
ONOFV	THE AND THE COULD BE ARTMENT OR TO BU		210. EXTERNAL C UNDERLYING CONTRIBUTING	OR			DAY YEAR	21c. HC	W INJURY	OCCURRE	D (ENTER N	NATURE OF IN	JURY IN ITEM 18	PART LORF		76.76	
DIVIS	WRITING WARDED WAGE 3 SH WAGE 3 SH WAGE 2 SH WATE DEP	MEDICAL	21d INJURY OCC WHILE AT WORK	OT WHILE D	71e PLACE O				ATION	10		CITY OR TO	WN	c	OUNTY		STATE
DIVISION OF VITAL R TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.		22a. I certify the death resulted for actual SIGNATURE	/	of the remain day	hoed also purious	, held an	Autaps ide	Homic	Inspection	Undete	Inquiry	onner,	DATE	. 3.	-10-8	36	
	AGE 4 S AGE 4 S D FUNEI FTER DE	and a	EXAMINER'S NA/ (TYPE OR PRINT)	Denn.			l.D.						Balto	., Mo	d.	21201	L
07/84	BP	Ė	JRIAL, CREMATION PECIFY) URIAL		3-10-86		MUSLEM	ETERY OF			BA	CATION OR TOWN			YINU MA	ARYLA	IATE
25M	DHMH - 17 (VR A15 ME (5))	1000	JNERAL DIRECTOR NAME 1.C.MARCE		ADDRESS	01 E.	North	AVE		MAR	REC'D. BY	1986	Julia.	Navido		TURE DO	•



THE NAME OF CEMETERY OR CREMATORY

old t (VRA 15, 4)

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR Patansco Ave. Funeral Homes Balto..

JIh DATE

23s. BURIAE CREMATION REMOVAL

Buria

Glan Haven Mem 254 DATE REC'D.

26 HOUR 3-10-80 IF UNDER 1 YEAR IF UNDER 24 HRS 126 KIND OF BUSINESS OR

TYPE OF WORK FOR MOSLOF WORKING LIFE)
HOUSEWITE INDUSTRY Domestic

Eagles Glen Burnie, MD 21061

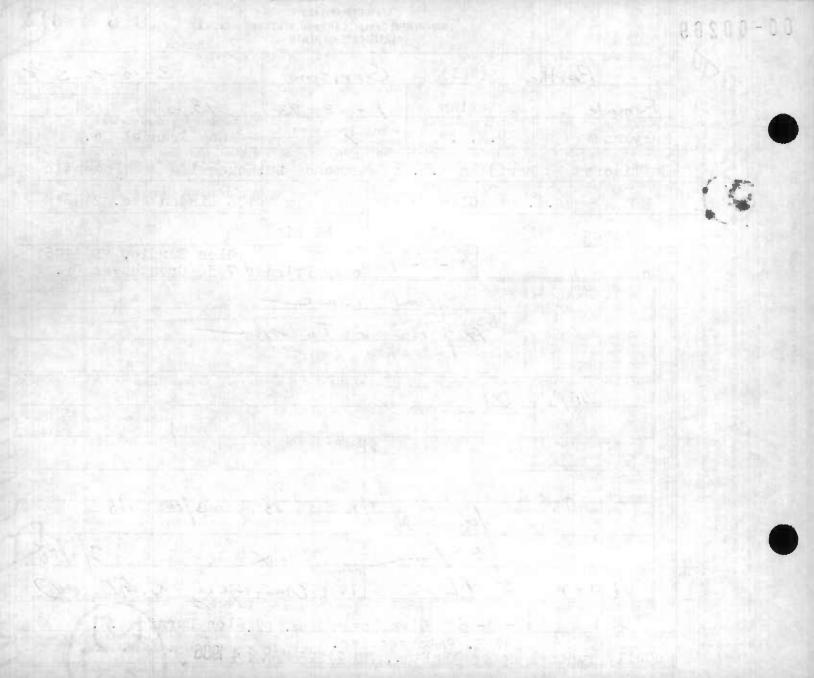
eder 7036 Cresthaven Dr.

20b. IF YES, WERE FINDINGS USED

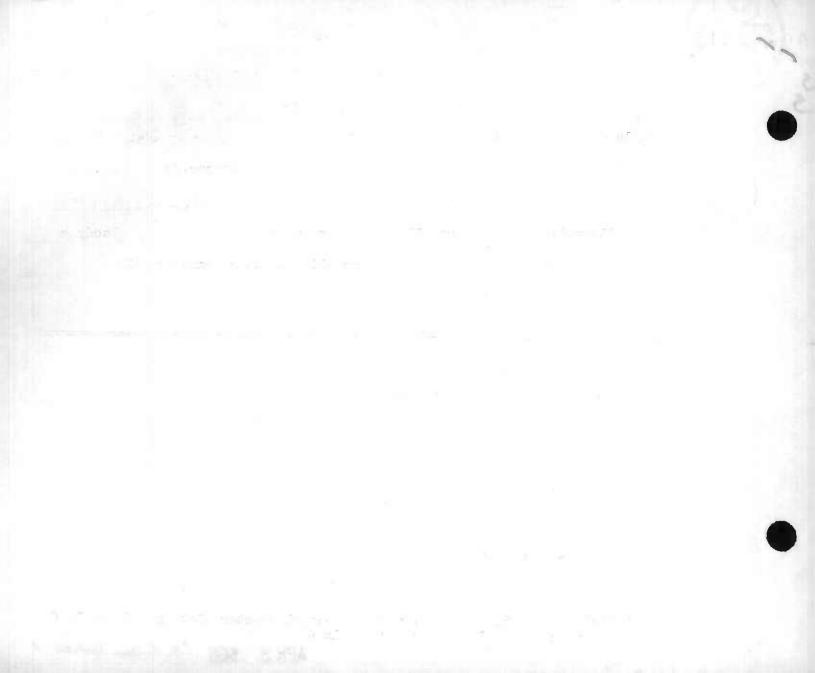
IN CERTIFYING CAUSES OF DEATH? YES | NO |

> COUNTY STATE

27c DATESIGNED



	' '	STATE REGISTRAR	DEI AKI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	
. 0 , 2		CEASED NAME FIRST	MIDDLE	IAST		DAY YEAR 26 HOUR
poge 3	(TYPE	Ellen	F.	OWENS	March 25, 1986	1:35p M
er de	3 SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor.		emale	Caucasian	09 11 1899	86 yrs.	MONTHS DAYS HOURS MIN.
Ser Ser		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY Anne Arunde	
9		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
0	T	racy's Landing	(IF NOT IN SUCH FACILITY, GIVE STREET 258 Deale Ros	ad	(TYPE OF WORK FOR MOST OF WORKING LIFE housewife	industry
15	130 S	AL RESIDENCE (IF NURSING HOME STATE 136, CO aryland Anne	or other institution give residence before UNITY 13c CITY OR TOWN Arundel Tracy's	Landings NO	13. STREET ADDRESS / ZIP CODE 288 Deale Road	20869
20	14. FA	ATHER'S NAME Alexander			WIDDLE	Paddy
medicol	(VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES) 10	GIVE WAR OR DATES)		ADDRESS Owens same as	13
- the		18 CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), ar	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMED	2 months			
troun		Conditions, if any, which gove rise to immediate	(b)	ENCE OF		
urial, cremation		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF	MINAL DISEASE OR CONDITION GIV	EN IN PART I I O
injury, or other troud	NOI	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(c)T CONDITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART I I a
ony injury, or other troun	TIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	t conditions contributing to liomyopathy. Aor	ENCE OF DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? · 206. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN Dilated carc 19a. DATE OF OPERATION N/A 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CONTRIBUTING TO I OMO DEATH 196. CONDITION FOR WHICH 196. TIME OF INJURY HOUR A.M. MONTH D	ENCE OF DEATH BUT NOT RELATED TO THE TERM TIC STENOSIS OPERATION WAS PERFORMED 1716 HOW INJURY OCCUR	200 AUTOPSY? · 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\) NO \(\)
	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN Dilated carc 19a DATE OF OPERATION N/A 21a, ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO I OMO DEATH 196. CONDITION FOR WHICH 196. TIME OF INJURY HOUR A.M. MONTH D	ENCE OF DEATH BUT NOT RELATED TO THE TERM TIC STENOSIS OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION	200 AUTOPSY? . 206 IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\) NO \(\)
Item 18 show		gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN Dilated carc 19a. DATE OF OPERATION N/A 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) AT WORK NOT WHILE ALL WORK 1 WORK NOT WHILE ALL WORK 27a.1 certify that (1) (this has saw the deceased alive	(c) T CONDITIONS CONTRIBUTING TO I OMYOPATHY. AOT 19b. CONDITION FOR WHICH DEATH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, spital) attended the deceased from	ENCE OF DEATH BUT NOT RELATED TO THE TERM TIC STENOSIS H OPERATION WAS PERFORMED AY YEAR 19 ZIL HOW INJURY OCCUR STREET	200 AUTOPSY? . 200 IF YES IN CERTIFYES NO. YE YES NO. YE YES CENTER NATURE OF INJURY IN ITEM 18 P	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO COUNTY STATE
is if item 21 is marked actiem 18 shows		gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN Dilated carc 19a. DATE OF OPERATION N/A 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 27a.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) 27b. SIGNATURE	(c)	ENCE OF DEATH BUT NOT RELATED TO THE TERM TIC STENOSIS H OPERATION WAS PERFORMED AY YEAR 19 TIL LOCATION STREET JULY 28 19/0 DEGREE ATTENDING	206 AUTOPSY? 206. IF YES IN CERTIF YES NOX. YE YERED (ENTER NATURE OF INJURY IN ITEM 18 P	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO COUNTY STATE
is if item 21 is marked outern 18 shows		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN Dilated carc 19a DATE OF OPERATION N/A 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMI 22d. 1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did 22d. SIGNATURE) 22d. PHYSICIAN'S NAME (TY)	T CONDITIONS CONTRIBUTING TO ION CONDITIONS CONTRIBUTING TO ION CONDITION FOR WHICH ION CONDI	ENCE OF DEATH BUT NOT RELATED TO THE TERM TIC STENOSIS H OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET July 28 19/0 And that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 212 ADDRESS 16 Murray AT	200 AUTOPSY? 200. IF YES IN CERTIF YES NOW YES NOTED REPORTED FINIURY IN ITEM IS P CITY OR TOWN 10 March 25 death occurred on the date and hou	COUNTY STATE 1986 that (I) (we) lost or and from the causes stated 27c. DATE SIGNED March 25, 19
NNT: If Item 21 is marked outlem 18 shores	MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN Dilated carc 19a DATE OF OPERATION N/A 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMI 22d. 1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did 22d. SIGNATURE) 22d. PHYSICIAN'S NAME (TY)	T CONDITIONS CONTRIBUTING TO IONITIONS CONTRIBUTING TO IONITION FOR WHICH IONITION	ENCE OF DEATH BUT NOT RELATED TO THE TERM TIC STENOSIS H OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET July 28 19/0 And that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	200 AUTOPSY? 200 IF YES NOW NEETING YES NOW YES NOW YES NOW NEETING YES NOW NEETING NE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO



		STATE OF MARYLAND
		1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 6 9 0
	DINO OVA	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	070073	1. DECEASED NAME FIRST MIDDLE LAST Paetz 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
	be and be	margaret Party 3 286 8:10th
	moy pog er de	3 SEX RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	ge 4	Tenale C MONTH GAY YEAR 4 92 YRS. MONTHS DAYS HOURS MIN.
6	Pour dir	70. BIRTHPLACE STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY)
	n 72 of 1	handle U.S. A WIDOWED DIVORCED ANNE Aryndel MD.
	P 2 T	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION 128. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
5	by the day	HUNAPOCIS BOY MOINON N.H. HOUSEWIFE MOTHER
212	d in Be f	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 136 CITY OR TOWN 138 INSIDE CITY LIMITS? 136 STREET ADDRESS 2 1146
N	the 24	Md AA Severna Part VES [NO D/ 9/ Cernelly Grave
7,	1 16/14	14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
WA	Marie Val	Richard the Ellen LINAHAN
m,	1.31	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3022 Illinois Avi
MO	(Ban 1/	103-267231 DLANCHE MARTIN BALT. MY 21227
BALTIMOR		18 CAUSE OF DEATH (Enter only one cause per life for (a), (b) and (c)
10	4 400	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)
N	ding or the	DUE TO OR AYA CONSEQUENCE OF
EST	deo ove fion	Conditions, if ony, which
9.	by the series cremo	gave rise to immediate couse (a), stating the underlying cause last
3	thot d by eose ol, c	underlying couse lost / Secudo Well Maria (18)
5, 20	uires igne en pli bun	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ECORD	requents	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY) IN ITEM 18, PART 1 OR PART 2)
REC	o de	190 DATE OF OPERATION
¥	The construction strains show	YES NO YES NO
- F	ZXOOTW	CASCAUTA DURANT CONTRACTOR OF THE HOUR A.M. MONTH DAY YEAR
NON	SIC Cerro	OR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 714 INJURY OCCURRED 71e, PLACE OF INJURY 21f LOCATION
DIVISION	3 PHY ord this ord M	(AT HOME STREET EACTORY OFFICE FARM FTC.) STREET CITY OR TOWN COUNTY STATE
DIV.	ING After os t Inh o	AI WORK — AI WORK
	END tol o or use Heo	270.1 certify that (I) (this hospital) attended the deceased from
-	hospin hospin in hed to ept of them 2	above, (I) (we) (did) and view the body after death. 27b. SIGNATURE (22c. DATE SIGNED)
		41 H. M. G. E. M. O. ATTENDING MEDICAL STAFF 12 H. O.
	ERAL e del Store	PHYSICIAN DIRECTOR PHYSICIAN 2212 PHYSICIAN S NAME (TYPE OR PRINT)
	O HOSPITAL etoined by the TO FUNERAL with the Store with the Store	CHACKED MYN VORIAC 14 (DELLHAM DUE MILY SWITE 10)
	TO HOSPITAL of retoined by the TO FUNERAL B should be detoo with the Store E MPORTANT: If	230 BURIAL CREMATION REMOVAL 1735 DATE 1234 NAME OF CEMETERY OR CREMATORY 1230 LOCATION
7		(SERECIFY) COUNTY STATE
	BP	BURIAL 103-04-86 OLD HAVEN ET GLEN SURVE H.H. MC
	DHMH - 16 50M 7/77 (VR A 15 (4))	THE NAME 2 2000 TILL STORES OF THE NAME 2 2000 WAR 14 1988
		THE PRESENCE F. TI. SUFERING TREE TO A COURSE TO THE PROPERTY OF THE PROPERTY

THE COURT PARTY OF THE PARTY OF

Signormal Control of the Control of

Sec. J. 22215 works.idotts 1004 .h. Year. J. Dec.

1000

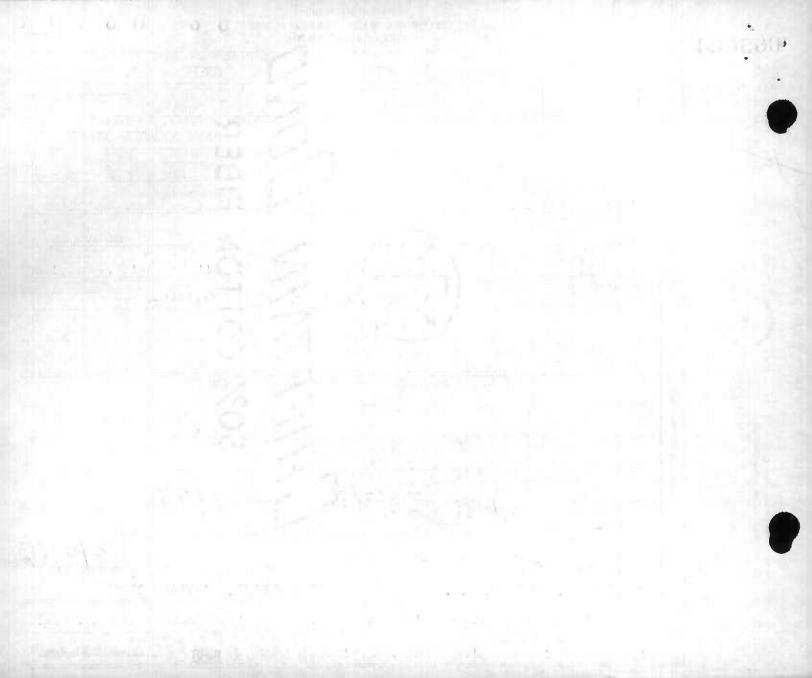
CERTIFICATE #86-06692



0 - 0 1 4 2 3	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 6) 6 6 9 3 BCT				
0 0		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
nay be	(1176	LOUISE	M	PLUCK	MARCH 25	1986 142 PM				
mor. po	3. SE:	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS				
5 of 0		Female	Caucasian	1 16 27	59 YRS					
1000	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
7 1/2		Virginia	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL					
1 11/4	0. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY				
I CIT	1	GLEN BURNIE	NORTH ARUNDEL		Housewife	Homemaker				
(4) 15	130. 3	STATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN BROOKLY	n Parks NO X	13e STREET ADDRESS / ZIP CODE 5223 Wasena 7	Avenue 21225				
(型)	T) FA	ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME					
111/14	V	Lewis	Harri	s Margare	et M.	Meade				
d ce	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI		Park, Maryland					
n and on Pages	. '	No		7793 William C.	Pluck 5223 Wa	sena Avenue				
ote by rsicio		18 CAUSE OF DEATH Enter of	nly one couse per line for (a), (b) one	l (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
srtificat g physi an pap emava event,		PART I. DEATH WAS CAUSE	U DI	rongy emb	OLI					
death ce attending ave carb tion, or r			DUE TO, OR AS A CONSEQUE	NCE OF						
dea afte atian		Conditions, if any, which	(tb)							
by the use ren L, crem ather t		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF						
pled at			(c)	EATH BUT NOT RELATED TO THE TERM	AINTAL DISC ASS OR CONDITION ON	EN IN DART I				
quire sign Then tab.	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	PEATH BUT NOT KELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART TIO				
been mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED				
he lo an. has aws	T F	Cover Service				YING CAUSES OF DEATH? S NO				
physicio physicio trificate i pl-fransit tal Hygie m 18 sha		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y YEAR 214. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)				
te and a	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	NIII	19						
PHYS r this the bu and Mo	MED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
ING PI r after After th as the lith and larked	-	AT WORK NOT WHILE AT WORK		11000	1 No 56	21				
ENDING tal ar att DR: After r use as ti Health a			ital) attended the deceased from	01 () 19 M	0, to 100, 2)	19 0, that (1) (we) last				
	4.	obove, (1) (we) (aid) (aid no	at) view the body ofter death.		death occurred on the date and hour					
the hospire toched for DIRECT.		22b. SIGNATURE	1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED				
A A P E		22d. PHYSICIAN'S NAME (TYPE O	SE TRANSICIONES	PHYSICIAN (DIRECTOR PHYSICIAN	100. PS				
HOSPIT ined by FUNER build be h the Str			0	784	45 OAKWOOD ROAD					
with With	220 5		MI M.D.	CLEN PURI	MIE MARYLAND 210	61				
BP	230. 8	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		AME OF CEMETERY OR CREMATORY Wnsville Vetera	CITY OR TOWAL	A. A. Marvlan				
	24. FU	JNERAL DIRECTOR	1-36410		TE REC'D. BY REGISTRAR 25b. REGISTI					
DHMH - 16 60M 7/84 (VRA 15, 4)			k Glen Burnie,		C 1000 All Kills	3,252				
(101, 101, 4)				MAR 2	D 1980 Day					

13U 5 total another and training

STATE OF MARYLAND



re on in the time of a self-

C () THOUSE WANTED TO LIVE AND

negative to the property of the contract of th

to all the company of the company of

INTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 maj hospital ar oftending physician.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 25 HOUR TYPE OR PRINTS 05 RUDULF C PROCHAZKA A RACE 3 SEX 5 DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH VE AD CAUCASIAN 69 YRS BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? COUNTRY Maryland DIVORCED | Anne Arundel IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Annapolis Anne Arundel General Hospital waterman seafood 136 COUNTY 13e STREET ADDRESS / ZIP CODE Anne Arundel Shady Side Holly Ave. 2076 Maryland NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frank Prochazka Bedmarik Ann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS IVES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) Alfreida Prochazka same as #13 n/a APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY CANCER 44US IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFI YES NOT YES T 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE CIDERY AT HOME STREET FACTORY OFFICE FARM ETC) ked WHILE NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from) acu ond that in (my) (our) opinion death occurred on the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED Should be detach 7211 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 1833 Porsst Dr Annapolis, Mid 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236 DATE burial 3 86 Fort Lincoln Brentwood Prince Georges MD 24 FUNERAL DIRECTOR 254 DATE REC D. BY REGISTRARI 256, REGISTRAR'S SIGNATURE Rausch Funeral Home Owings Md DHMH - 16 60M 7/B4 NAME - Mandem (VRA 15. 4)

AND THE RESIDENCE OF THE PARTY District the Carlot of the Car

					STATE OF A				45%	,	r 23	1
	072035	1.	FOR STATE	DEPARTA	MENT OF HEALTH	AND MENTAL H	YGIEN	6	U	5	5 7	1
	072000		REGISTRAR	MEDICAL	XAMINER'S	CERTIFICATE C	F DEATH	REG.	NO.			
			CEASED NAME FIRST	MIDDLE	1	LAST	20 DA		☐ MON	TH DA	Y YEAR	26 HOUR
	W 41.60 C	(TYP	E OR PRINT)	, T	Pu	GH	DEA	F ESTI-	18	3	2,086	GC-PB-
1	EFAS SELLES SELLES	3. SE)	I4 RACE	S. DATE OF BIRTH		DER 1 YR. IF UNDER		ATE	MONT	H DA		2d. HOUR
1	STECH	0	()	MONTH DAY YEAR	LAST BIRTHDAY) MONT		MIN. PRON	DUNCED		7	× 1/	
	ON SOUTH	1,14	TLE WHITE	01-24-1914	X YRS.			EAD)	3 10 86	M
مر	SSS A FIRST	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY?	IED NEVER MARR	IED 9 BAI	TIMORE CIT	Y OR COL	OYTH	FDEATH	~
	BACK A	16	NUSYLVANIA	WITED STA	TES WIDOV	VED ONORC	ED D H	NIKE	HR:	TENT	FL (O. MD
	IS N	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE		ER INSTITUTION	120 USUAL O		TYPE OF WO	RK 12b.	KIND OF BL	ISINESS
	SEASE SO	0	1001-110	185 GLEN	REET ADDRESS)			BLIC 1		10	OR INDUST	400
	DEATH. IF ANY DELAY IS NECESSARY, PLEASE (GES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. BAP PART S FOR YOUR FILES. TAND 2 SHOULD BE FILED, WITHIN 72 HOURS OPVITAL RECORDS 701 W. PRESTON STREET.	HISLIA	L RESIDENCE (IF IN NURSING HOME O		BEFORE ADMISSION)		1 70	DULL	21	10	ONTEK	MENT
	ANY AND 3 PETAL COULC	130 S			ORTOWN	134. INSIDE CITY LIMITS?	13e STREET AD	DRESS	0	0	2111	12
	Z AARAR	Th	10/, 11.	H. HAS	POENA	YES NO W	1185	GLEN	OK	1.5	on / 1 10	
	. MD.	14. F/	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID!	ENNAME	MIDDLE			. LAST	-6311
	EST SE		FUAN	P	CH	MA	RN	Axm	F	K	HEN16	2N
	WO Z	16a. V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166. SOC	IAL SECURITY NO.	17 INFORMANT	1	ADDRI	ess at	(3 N	18607	ILB-R
	BALTIMORE, S. AFTER DEA GOIVE PAGES ITH FORM, PAGES I AN IVISION OFW	0	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-36-2973	David	CRUF	1 8	SADE		MI	21127
			THE CAUSE OF DEATH OF	THE WAY	00 011	1 AND	ILKA I		JAVI	-171	APPROXIMAT	-11100
	PRESTON ST., THIN 24 HOUF CIL IN ITEM 18. WER ALONG WANSIT PERMIT. AL HYGIENE, D REMOVAL.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y one couse per line for (o), (b) BY:	, ond).)		-	~ 0		В	ETWEEN ONS	T AND DEATH
	STON ST. 1 24 HOU 1 24 HOU N ITEM 1E IT PERMIT YGIENE,		IMMEDIAT	E CAUSE (o)	/ neumo	1416 -	1100	4144	- 4	4	le	
	PRESTON ITHIN 24 I JER ALON AER ALON AL HYGIEI REMOVAI		C III II II II II	DUE TO, OR AS A CON	SEQUENCE OF	4						
	AN A		Conditions, if ony, which gave rise to immediate	(b)		il whil	ب ر				y ca	7.5
	SENTENT SE		cause (a) stating the under-	DUE TO, OR AS A CON	SEQUENCE OF						-	
	SA EXA		lying couse last.	(c)								
	BUR ATIC	100	PART 2 OTHER SIGNIFICANT CONDITIONS		TEO TO THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PA	RT 1 (a).					
	ON DIN	Z										
	DIVISION OF VITAL RECORDS, CERTIFICATE SHOULD BE EXECTING THE WORD "PENDING" RITING THE WORD "PENDING" RED TO THE CHIEF MEDICAL BE 3 SHOULD BE USED AS A BURE DEPARTMENT OF HEATH AND OF PRIOR TO BURIAL, CREMATI	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION V	/AS PERFORMED?				120	AUTOPSY	?
	A PER	5									-	
	2 2 2 2 3 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4	1 2	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	I 91- 14	OW/ INTUINING COURSE	D CHIEF HAR				YES 📙	NO X
	O PART OF STATE OF ST		UNDERLYING OR	HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURRE	D TENIER NATURE	OF INJURY IN HEW	18 PART TO	RPART 2)		
	ARTOTOR S	S	CONTRIBUTING CAUSE OF I		19							
	VIS 3 S.F. C.	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY STREET, FACTORY, FARM, ET		CATION	CITY	R TOWN		COUNTY		STATE
	SI VARION DE LOS CONTROL DE LOS CONT	5	AT WORK AT WORK			VIII.	Cirry	N TOWIN		CODIVIT		STATE
	RW, VRW, V STA STA		00 1 -/ 1 -1 -1	- ()	1.11				1			- 1-
	A A B B B B B B B B B B B B B B B B B B			e of the remains described aba				uiry L.I.	and in my	opinio	n	
	MERSES SEED		death resulted from: Natur	al causes Accident	, Suicide	, Homicide L.	Undetermine	d manner _	١.			
	WAY SEE SEE		ACTUAL (5 1. 1.	,	TITLE (SPECIFY)			DA	TE.	~ >	VI
	ZESZE"	1	SIGNATURE	101	~	N.D	MEDICAL E	XAMINER	SIG		7->-	06
	NOP NOP NOP NOP NO P S A S S A S S A S S A S S A S S A S A		EXAMINER'S NAME	C 101 1	0	4441 0	, , ,	01				020
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 EXECUTE THE CERTIFICATE. WRITING THE WORD." PENDING" IN PENCIL IN ITPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALO TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PRAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYOIL BALTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYOIL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVI	_	(TYPE OR PRINT) James	E. Wheeler, M	. D.	ADDRESS 116 GI	umbotton		rown	svil	le 21	032
	5777747	23o.B	URIAL, CREMATION, REMOVAL 2	3h DATE 23c N	AME OF CEMETERY	R CREMATORY	23d LOCATIO	N v		OUNTY	S	TATE
	07/84 BP	1	SURIAN	13-07-1886 5	COSEPH (LEM.		SAIL	ES F	Alle	GHENY.	Pa.
	25M	24. F	JNERAL DIRECTOR	50 Rite	HIE HU	V. 250. DATE	REC'D. BY REGIS		EGISTRAR		ATURE /	
	DHMH - 17 (VR A15 ME (5))	Tu	E RARDANICA F	H SE TERAN	Paper Md	SIMAD OF	1000	10.10		D	00	
		111			TINK LIG.	ALL SECTION	ST. ESPERANT	Carl Horse	Charles Inc.	404104		

The second of the second secon 380533 OTAL OF THE STREET Dupping and I are Street and American LES TOUR LANGE TO STORY OF THE PARTY OF THE LA NORMALIA DE LA CARLA DEL CARLA DE LA CARLA DE LA CARLA DEL CARLA DE LA CARLA DEL CARLA DE LA CARLA DE LA CARLA DE LA CARLA DE LA CARLA DEL CARLA DE LA CARLA DEL CARLA DE LA CARLA DE LA CARLA DEL CARLA DE LA CARLA DE LA CARLA DE LA CARLA DEL CARLA

070072	1.	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO. 06698
		CEASED NAME FIRST	MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
oy be oge 3 death	(TYP)	ORPRINT) ANN	A MARIE POTSCHE	03 03 1984 M
Now Sod	3 SE		4_RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Cror.	F	EMALE	(UHITE 05 28 1913	72 YRS. MONTHS DAYS HOURS MIN.
Pog dire		RTHPLACE (STATE OR FOREIGN	TO CITIZENS OF WHAT COUNTRY?	9. BALTIMORE CITY OF COUNTY OF DEATH
4 35 4 2 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 6 5 6 5 6	In	ARYLAND	MARRIED NEVER MARRIED DIVORCED	ANNE PRUNTEL COMO
5 1	10_C	TY OR TO WN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR
1 to ()	A	RNOIN	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
be fi	USU		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
A Selling	10	TATE 136 COU	131. CITY OR TOWN 131. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE / 21012
YE THE THE	14. F/	THER'S NAME	15 MOTHER'S MAIDEN NAM	
WAR		J. AIRE	RT CLEMSEN CATHERI	NF CLEMSEN
ond cor	16a \		RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS 863 DORIS Dr.
Pog Pog	N	(IF YES, G	16-03-0654 WILLIAM (A4 ARNOW, M. 21012
ALT sicro pers. ol.		18 CAUSE OF DEATH (Enter of	only one cousinger limit sicila), (b), and (c), (j)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., B phy npo mpo movent		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) COCO CESTUCIO.	Allest
ding orbo			DUE TO OR ALA TON FOUENCE OF	
ESTC		Conditions, if ony, which	1 b) Peine Canier	
H H	1	gave rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEQUENCE OF	
(in N		underlying couse lost.	(0	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND PROPERTY OF	1	PART 2 OTHER SIGNIFICANT	CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVEN IN PART TIO
ON CONTRACTOR OF THE CONTRACTO	ě	1	11/17	
SEC Iow	CERTIFICATION	190 DATE OF OPERATION	IN CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAL B	Ē	WA	The state of bluepy	YES NO YES NO
OF VITAL CLAN: The physicion rificote h ol-tronsit profiled Hygien	3.4	OR CONTRIBUTING CAUSE OF DE		ED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)
PHYSICI ending I this cert buried de hurid	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		
71SION Trending The burd W	MEC	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
DING or of After of the nork		WHILE NOT WHILE AT WORK	6/14 00	2/2 0/
TEND fol OR: or use		sow the deceased olive o	pital) attended the decented from, 19, and that in (my) (our) opinion d	eath occurred on the date and hour and Iram the causes stated
AT Nosp	1	obove (II (we) (file) (did a	not) view the body offer death.	120 ANATE SIGNED
the I Districts		7/M/W	MANA MA ATTENDING	MEDICAL STAFF DIC/86
HOSPITAL med by th FUNERAL uld be detected to the Stote	1	THE PHYSICAN SE NAME (THE	OF SIGNAL AND SEASON OF THE PROPERTY OF THE PR	LAMRECTOR PHYSICIAN 195/00
5 a 5 a 6		Mail B	Dec usher 55011	1. Broadway
Of Ording	230.	BURIAL, CREMATION, REMOVA	L 231. DATE 231. NAME OF CEMETERY OR CREMATORY	Tiperrecation
BP	13	SPECIFY)	03-06-86 MORFIAND PARK	LA PAN COUNTY RALBONSTATE
	24 F	UNERAL DIRECTOR		REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	Tu	= Pappanic	ADDRESS	R 1 4 1986 Julia Davidson Barloss

STATE OF MARYLAND

Little to the first of the second of the sec

		FOR	DEPA		OF MARYLAND EALTH AND MENTAL HYG	IENE R E	5 0	6 6	9 9
1604	1 -	STATE REGISTRAR			CATE OF DEATH		REG. NO.		100
		EASED NAME FIRST OR PRINT) May gas	A L.	0	rmsey	2a. DATE OF DE.	44	29 1982 2	6 10 AM
9	7		W hite	S. DATE O	F BIRTH DAY YEAR 144 - #A	6 AGE (IN YEARS	LAST BIRTHDAY)		HOURS MIN.
25	P	Chine(19/v)	CITIZEN OF WHAT COUNT United Stat	AAADDIE	NEVER MARRIED DIVORCED	Prene i	Arunde	OF DEATH	MD.
90	BA	ooklyn Park 1		MEET ADDRESS)	referred Centre	120 USUAL OCC (TYPE OF WORK FOR Homema	MOST OF WORKING LI		BUSINESS OR
35	Me. S	tryland X AA	O D 3 7	OWN	13d INSIDE CITY LIMITS? YES NO A		RESS / ZIP CODI	kd. 21	225
0.21) [THER'S NAME Albert	Novo	U	Anna	MI	DDLE	Chern	icky
s. Pages		/AS DECEASED EVER IN U.S. ARMEL (IF YES, GIVE W)			Dolorse J.		123 Ta	ille. M	Ce ID 21784 ATE INTERVAL ISET AND DEATH
od by the ohending physical clease remove carbon pay ridl, cremation, or remove or other troumatic event.		PART I. DEATH WAS CAUSED B IMMEDIATE C Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost.	DUE TO, OR AS A CONSE	LOPULA QUENCE OF QUENCE OF			'andis	rease	
ene prior to bu	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	196 CONDITION FOR WH	312 1		200 AUTOPSY	? 20b. IF YE.	S, WERE FINDING FYING CAUSES O	GS USED OF DEATH?
/ /	MEDICAL CER	2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	21c. HOW INJURY OCCURI	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
os the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI		211 LOCATION STREET	CII	Y OR TOWN	COUNTY	STATE
or use of Heo		22a I certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) vi 22b. SIGNATURE		9, an	d that in (my) (our) opinion (, to death occurred on	the date and hou	or and from the ca	
a d d			idano	m	ATTENDING	MEDICAL CORECTOR T	STAFF PHYSICIAN [7]	3/2	9/86
State Dept of ANT: If them 2		22d PHYSICIAN'S NAME (TYPE OR PRI	INT)		22e ADDRESS				
hould be with the	23a P	Marcia Kane	M.D.	NAME OF C	ne address Hammonds	Lan e Ni	ursing	Ctr. Br	ooklyn
wPORT	23a B	Marcia Kane URIAL, CREMATION, REMOVAL 2	M.D.	RAME OF CE	Hammonds Helery or Crematory Hill Cemet	Lane Nu	arsing more Ar	COUNTY	ndel MI

		1/		STATE OF MARYLAND	400
00-	00000	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6	700
0 0 -	0000		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME FIRST	MIDDLE LAST Za DATE KNOWNXX MONTH OF ESTI-	DAY YEAR 26. HOUR
	ES. ES.		Joseph	Rawlings DEATH MATED 3-1	.6 1986 M
	FEAS FOOR FOUR STREET	3. SE	A. RACE	S DATE OF BIRTH MONTH DAY YEAR LAST ARTHOLY DAYS FOURS 1 YR. IF UNDER 24 HRS. 26. DATE MONTH MONTH DAY YEAR LAST ARTHOLY DAYS FOURS 1 YR. PRODUCTION OF THE	DAY YEAR 24 HOUR
	N S S S S S S S S S S S S S S S S S S S	177	Tale Black	7 1936 49 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 3-1	19 86 8:50 p. M
	24 F	70.B	STHPLACE INTATEOR	76. CITIZEN OF WHAT COUNTRY? IS IS BAITIMORE CITY OF COUNTY	
	SE SE	1	Maryland	WIS A WIDOWED □ NEVER MARRIED □ Anne Arundel Co	nintv.
11	SHARES Y	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK)	7h. KIND OF BUSINESS
	358 B		Harwood	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 198 Harwood Road	OR INDUSTRY
	PAN	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	10 - 0
		130/3	My d 136 COUNT	13 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS	* RX
	W Lang	14. F	ATHER'S NAME	IS. MOTHER'S MAIDEN NAME	FAF
	KID 395 10	1	Frigene -	The Cawlings alverta Mount	vian
	0 002 0 T	16a. \	WAS DECLAND EVER IN U.S. ARM		111776
	ALTIMORE, AFTER DESTRICTED AND RESIDENCE AND	6	(IF YES, GIVE W	(AR OR DATES)	an word ed
	S 0 5 7 5		18 CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), and (c).)	APPRINEMATE INTERVAL
	S S S S S S S S S S S S S S S S S S S			BY: ECAUSE (o) Stab Wound of Chest	SETWEEN CHOSET AND DEATH
	2年3年3天		IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF	
	SET		Canditians, if any, which		
	NAME OF STREET		gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	Address to the last
	Z A Z Z Z Z		lying cause last.	DOE TO, OK AS A CONSEQUENCE OF	TO VIEW TO
	SC. 1 G. 1 SURI		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
477	WITAL RECORDS, 20 SHOULD BE EXECUTORD "IN FEBRUAR" IN CHIEF MEDICAL E BE USED AS A BURIT OF HEALTH AND SURIAL, CREMATIC	Z		THE PART OF THE PERMIT OF THE	
8.0	MED BE MED AS	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	A POPER Y	5			
		1 2	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	YES KX NO
	CATE WENT THE WENT TH		UNDERLYING XXOR	HOURXXXMONTH DAY YEAR	2)
	SCENTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	MEDICAL	CONTRIBUTING CAUSE OF D	EATH 7:09P.M. 3-16 19 86 subject was stabbed 210 PLACE OF INJURY (ATHOME, 211 LOCATION	
	PIVISION SERVING SERVI	ME	WHILE NOT WHILE XD	STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN COUN	TY STATE
2	PAGE: THIS C E. WRIT RWARDI PAGE: STATE D 5, 21201		AT WORK AT WORK	yard 198 Harwood Rd., Harwood, Anne Arur	idel Co.,Md.
	W 5 W .		22a. I certify that I took charge	af the remains described obave, held an Autopsy XX Inspection . Inquiry . and in my apin	aan
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: I, WITH THE		death resulted from Natura	ol causes Undetermined monner U,	
	EXAM CERTI DIE DIRE WARY		1000	TITLE (SPECIFY)	
	MEDICAL E ECUTE THE C GE 4 SHOUL FUNERAL D TER DEATH, 1		SIGNATURE / WWW.	Assistant MEDICAL EXAMINER DATE SIGNED	3-17-86
	NEW STEEL		EVAMINED/C NAME -		
	A D A SEE		(TYPE OR PRINT) Denr	nis F. Smyth, M.D. ADDRESS 111 Penn St., Balto., Md.	. 21201
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	Tiq.B	CREMATION REMOVAL 22	DATE THE NAME OF CEMETERY OF CREMATORY THE LOCATION	STATE D
07/1		1	Qurial !	3/21/86 Lakemont Davidsonully A	A. ma
25N	DHMH - 17	74.7	NAME A A	ADDRESS ADDRES	
	(VR A15 ME (S))	4	Illiam Keese	+Sons- anapolis, md MAR 18 1986	Alexander of the second

O U - O Combra this said 100000000 Grays Smith Rowlins man 11986 P PP Prairy plat stides stones. Maryland X His bunkerell Floor point with boad notice I not I ellogonal topic mildomil St X ellogonal A A CIM hobert E South Libbie Roberson NO - SIN-10-3455 Delovorin Govern Till 3 CAPPICRESPICATELY PRODUCTION OF STREET BANKS FOR THE STATE OF THE STAT DIST WE SO STATE OF S TO THE THE RESIDENCE OF THE PARTY OF THE PARTY. Do not mais 1986 Bridgeville Bridgeville Sussey DE

am subgrant land Charles market

meent and automorphism - 5-12 sk

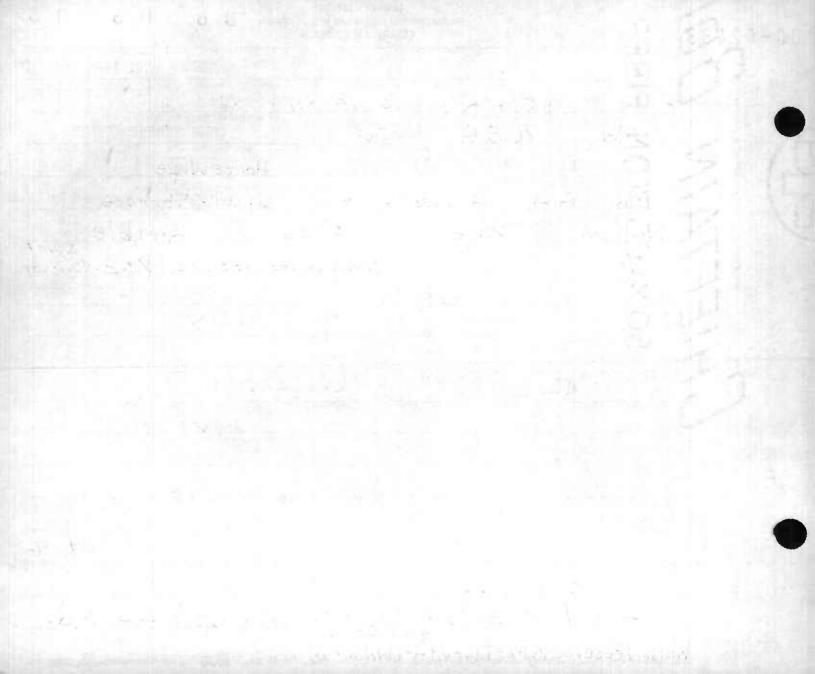
to a series | | Handard | Liberton | Liberton |

L'ADDO Anna po de Pa.

serior of the break of the live of the

(VRA 15, 4)

STATE OF MARYLAND



Service Annual and the

THE RESERVE OF THE PARTY.

Total Burgares S ANI NO STERNOSTE LA COMPANION DE LA COMPANION

				STATE OF MAKTLA	IND			
00 0000	4	FOR	DEPART	MENT OF HEALTH AND N	MENTAL HYGIENE	8 6	0 6 / 0	6
00-0083	1/1:	STATE REGISTRAR		CERTIFICATE OF D				4
0000	1.00					REG. NO.		
. 84		CEASED NAME FIRST	WIOOLE	A-11	Zo DATE	OF DEATH MONTH	OAY YEAR 26 HOUR	9
0 0 0		Lori	ne S.	Ritter		.3	10 86 113	Q.M
2/ had be	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE	IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24	HRS
offe.	3.00	100 .	4	MONIH DAY	YEAR	0 -	MONTHS DAYS HOURS	MIN.
eg est	1	male	Cano.	5 8	95	40 YRS	s.	
8 58 6/1	70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9. BALTI	MORE CITY OR COUN	TY OF DEATH	
25 25 stb.	1.	ISST IIIDI	1150	MARRIED A NEVER M		1	11 1. 1.	
9 1 F (10)	10.0	IEST UIRGINA	W · J / /4,		ORCED	nne Hru	note that	MD.
in the fe	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		AL OCCUPATION VOILK FOR MIDST OF WORKING	126. KIND OF BUSINES	SOR
5 S	IN	Marcuille.	Knoll Wood	MALAT	Mis	todian	SCHOOL	,
12 our	ปรับ	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE	AOMISSION)	1043	TOCHTO	(1/1/4	110
d b b	1 13a	STATE IS SOUN	ITY I3c CITY OR TOW	N 13d INSIDE CI	ITY LIMITS? 130 STREE	ET ADDRESS / ZHE CO	DDE 7117	49
AN P S	1	Va. FREA	ERICK WINDNE	STOT YES [NO ROM	de 3 Bos	4313/1221	01
rely 2 st	Le F	ATHER'S NAME			MAIDEN NAME	•	7	
My ple	1	A CALLA A	MIDDLE LAST	ea po	FIRST	MIDDLE	EAST	
N.;	1	141611	H. 15/77	ER ET	MEL	61	LUTTRA	
BALTIMORE, MARYLAND cote be executed within 24 ysicion and completely fille ppers. Pages 1 and 2 should wol. it, the medital commen			MED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMAN	NT	497 ST	MARGARETS	DRIVE
B o o B	1	VPS III	WT 225-40	-1124 DONGLA	SDECTER		MAPOLIS MO	
e b		L	<u> </u>		J. Ed. Fal 1 1 P/6	TIMES	APPROXIMATE INTERVA	A1
By Cot		PART I. DEATH WAS CAUSED	ly one cause per line for (a) o, an	d (c).			BETWEEN ONSET AND DE	EATH
ST.,			E CAUSE (a)	Minia				
ding or r			5015 YO 60 45 4 50105000	nucror A	^			
DE TO		Candidian if hill	DUE TO, OR AS A CONSEQUI	a la la	Grent	,		
8 6 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Conditions, if ony, which gove rise to immediate	(b)	are 6	enen	-6		
es that the death certifiers. For a control of the control of the certifiers. For a control of the control of the certifiers.		cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF				
2 : 4 : 5 : 5		underlying cause lost.	((a)					
20		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED	TO THE TERMINAL DISC	14017101400 000 204	CB/51/B1D1D77	
	z	TAN 2 OTHER SIGNIFICANT C	CHEMICIAS CONTRIBUTING TO	DEATH BUT NOT KELATED	TO THE TERMINAL DISE	ASE OR CONDITION	SIVEN IN PART HO	
red or the	15						and the second	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law require oftending physicion. After this certificate has been sign on the buriof-tronsit permit. Then the ond Mental Hygiene prior to backed or them 18 shows, any injury or	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED 200 A		YES, WERE FINDINGS USED	10
La po o o o o o o o o o o o o o o o o o o	E	HOUSE IN THE SECOND			YES		TIFYING CAUSES OF DEATH	1?
VITA VITA VITA VISICIO Cote Cote Cote Hygid Hygid Hygid Sha	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71r HOW IN I	JURY OCCURRED (ENTER			
Phys Phys of Hron of Hys		OR CONTRIBUTING CAUSE OF DEA		AY YEAR	ON OCCURRED (ENIE	HATURE OF INJURY IN ITEM	18 PART LORPART 2)	
IO B B B B B B B B B B B B B B B B B B B	N S	(IF EITHER NOTIFY MEDICAL EXAMINER)		19				
O din	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATIO	N			
ISI The the	Z	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, F	ARM ETC) STREET		CITY OR TOWN	COUNTY	, IE
DIN SAFE		AT WORK		0	CH 5	1.10	9/	
S dese		220.1 certify that (1) (this haspit	al) attended the deceased fram_	7/-	_, 19	110	_, 19, that (I) (we	e) lost
Pito of pro-		saw the deceased affive on abave, (1) (we) did) (did pot	the bady after death.	and that in (my)	our) apinion death occu	red on the date and h	nour and from the causes state	ed
Ppt Ppt		22b. SIGNATURI	The pady after death.	DEGREE			224 DATE SIGNED	_
# H Doch		1 //	11 - 0	,	TTENDINGMEDIC	AL STAFF	A / I	
3 3 5 6 4			Con	VVV) P	HYSICIAN DIRECTO	DR PHYSICIAN	13-11-16	
57 939 7		224 PHYSICIAN'S NAME (TYPE OF	PRINT	77e ADDRESS		5 32		
D 2 3 4 8		Pall	Kladdos n	10 11	() Cond	tral por	Me Cal.	4
01 2413	-	TOM J		10	0,000		VIV	15
Materina		BURIAL, CREMATION, REMOVAL	236 DATE 23t 1	AME OF CEMETERY OR CI	REMATORY 2 de LO	CATION	COUNTY STAT	16
1778P 47		burial	Mar 14,1986 1	Mt. Hehron	Cem W	inchester	Virgin	iia
11111	24 /	UNERAL DIRECTOR	28 S. Pleasan	F Waller D	2 MONTATE RECYC B	V.REGISTBARIZSE RET	ISTRAR'S SIGNATURE	110
DHMH - 16 60M 7/84	14	NAME II	<i>''</i>		7-7- 00 00 110	Sienasano	Jane Co. S. L. College	É
(VRA 15, 4)	110	crubs H.	Wind Win	chaster W	Δ	Comment of the same	N. F	2.

Lering S. Ritter 110 6 Opino. 5 8 45 90 was whoman wish . The Arms Armedle Conty there ile keall was a Monor I - ductor and a second PAILED HE RITTER ETHER - 4. CASTERLE 22/ 11 YOURSHIELD 1862E 185 LOW I DO FOR MORE OF KITTE SE REDINGER MEDICAL MED 222 S. Pleasant Valler d w. Crast State James VI /Commercian VA - VA - VA - VA - VA -

• \ \ () | [)

CERTIFICATE #86-06707



			- 1	H					OF MARYL		O	_	(3)		.8A 65
nn.	- 0 1	8 7	6	1-	FOR STATE REGISTRAR		DEPARTI		CATE OF I	MENTAL HYGI DEATH		REG. NO.	0 6	1	08
	0 .				EASED NAME FIRST		MIDDLE	LA	ST		20 DATE OF DE				HOUR
	2 9	1	M	(TYPE C	PAU.	L	EDWARD	SA	CHS	SR.			03-22-		1:15 p
	you w		10	3. SEX		4. RACE		S. DATE OF		YEAR	6 AGE (IN YEARS	LAST BIRTHDAY			OURS MIN.
	4	51		,	Male	Cauc	asian	709	-11-1	¥1895		90	YRS.		
-	# P	- A	21	CC	THPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	MARRIED		MARRIED [OUNTY OF DEA	ЛН	MD
-	0	14	1		ryland.			WIDOWEL	-	TITUTION	120. USUAL OC	CUPATION		IND OF E	BUSINESS OR
=	1	100		B	altimore	Meridi	an Nurs	. Ctr	.of H	lamm.La	(TYPE OF WORK FO	n Most of Wo	PRKING LIFE) INDL	nem.	~
10 212	1	ald be	75	130. S	L RESIDENCE (IF NURS NO PETATE MD	OR OTHER INSTITUTION	Bal to	RE ADMISSION) VN	136 INSIDE C	NO 🖄	130. STREET AD	shena	ndoah	Ave.	.21227
3	1	-	2 00	14. FA	THER'S NAME		LAST		15 MOTHER	S MAIDEN NA	WE	AIDDLE	1	LAST	
IAR.	0	pud /	12	1	Edward	MIDDLE	Sachs		П	herese					
N. N	secute	4	dicol	160 W	AS DECEASED EVER IN U.	S. ARMED FORCES? S, GIVE WAR OR DATES)	215-05	URITY NO.	17 INFORM	ANT	achs.	ADDRESS	Same a	s #1	13
III	*	1.90	1		No				1 0001	. 11. 00	zoiis, c	- •			SET AND DEATH
BAL	940	of the			18 CAUSE OF DEATH (En	ter anly ane cause pe	er line for (a), (b), a	ok E					- 86		SET AND DEATH
01 W. PRESTO	that the deat	a by the affect lease remove a al, cremation,	or other traum		Canditians, if any, white gave rise to immedia cause (a), stating the underlying cause later	the te DUE TO, C	DR AS A CONSEQU	JENCE OF			HVm.				214
05, 3	dnies	Pen p	· Kuntu	NO	PART 2. OTHER SIGNIFIC	ant conditions <u>c</u>	CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	NINAL DISEASE (OR CONDILL	ION GIVEN IN P	ARI I(d)	The same
N RECOR	Se faw re	permit, ere prior	9	TIFICATION	190. DATE OF OPERATION	196. CONI	DITION FOR WHICH	H OPERATIO				100	Db. IF YES, WERE CERTIFYING C YES	AUSES O	
OF VITA	physic 1	of tramp	G	AL CERTI	210. ACCIDENT WAS UNDERLYSS OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH (P.M.	DAY YEAR	21c HOW I	NJURY OCCUR	RED (ENTERNATUR	E OF INJURY IN	I ITEM 18, PART 1 OR I	ART 2)	
VISION	D PHYSi	the buring	10 peq	MEDIC	216. IN JURY OCCURRED WHILE NOT WHILE [AT WORK	21e PLACI	E OF INJURY STREET, FACTORY, OFFICE		211 LOCAT STREET	ION	c	ITY OR TOWN	cou	NTY	STATE
ā	ENDING Solo	No Ath	is mor		220.1 certify that (I) (this	haspital) attended t	-/ 10	8/620) (aur) apinion	death accurred	3 -/			out (1). (we) last
-	ATT	A de la	E E		obove, (I) (we) (did) (did not) view the bad	ly after death.	(40	DEGREE					c. DATS SI	
	35	At Dis	2 /		All	1 march	nD.			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	N [3	124	191
	Spitt By	FUNER old be d	37	1	224. PHYSICIAN'S NAME	TYPE OR PRINT)		-1	22e ADDRE	SS					
	O HO	hould b	8		Marc S. P	osner,	MD		107	E. We					
	N.F.	H-7 X	2.4	23a	BURIAL, CREMATION, REM					CREMATORY	236. LOCAT	OWN	COUNTY	0	STATE MD
	BP_		_		Buraal	3-26	-86 Io	rrain	e Pk.	Cem.	NoogT		Balt		
		16 25M			JNERAL DIRECTOR	237	E. ADREST	apsco	Ave.	750. DA	AND 9 7	1986	guia Day	CONATU	Mandelle.
	(VI	R A 15 (4)) 9/74	Mo	Cully Fune	ral Home	es Balt	to., I	(ID) 2	1225	IAIN 64	1300	7		

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) and that in my (our) opinion death accurred on the date and hour and from the causes stated 221. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22e ADDRESS ld b Dr. Waterfield St. Agnes Hospital Oncology Dept 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Maryland Burial Loudon Park Cemetery Baltimore 24 FUNERAL DIRECTOR 250 REGISTRAR SIGNAY (VRA 15, 4) 4107 Wilkens Ave Hubbard Funeral Home

STATE OF MARYLAND

26 HOUR

126 KIND OF BUSINESS OR

Sterling Rad.

Scott

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Lorenedea

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

DHMH - 16 60M 7/B4

Mr. Wayne E. Schmidt, 4112 Murphys Run Ct. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 22e ADDRESS 500 EMPIRE TOWERS, 7300 RITCHIE H CONSTANTINE J. PADUSSIS, M.D. GLEN BURNIE, MARYLAND 21061 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE STATE Moreland Mem. Park Balto.Co.Maryland Mar. 7, 1986 Burial 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21230 McCully Funeral Home 130 E. Fort Ave. Balto. Md Ywha Dandrus.

STATE OF MARYLAND

1986

176 KIND OF BUSINESS OR

Saunders

21061

IF UNDER 1 YEAR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

the the

AND DESCRIPTION OF THE PARTY OF

STATE OF MARYLAND

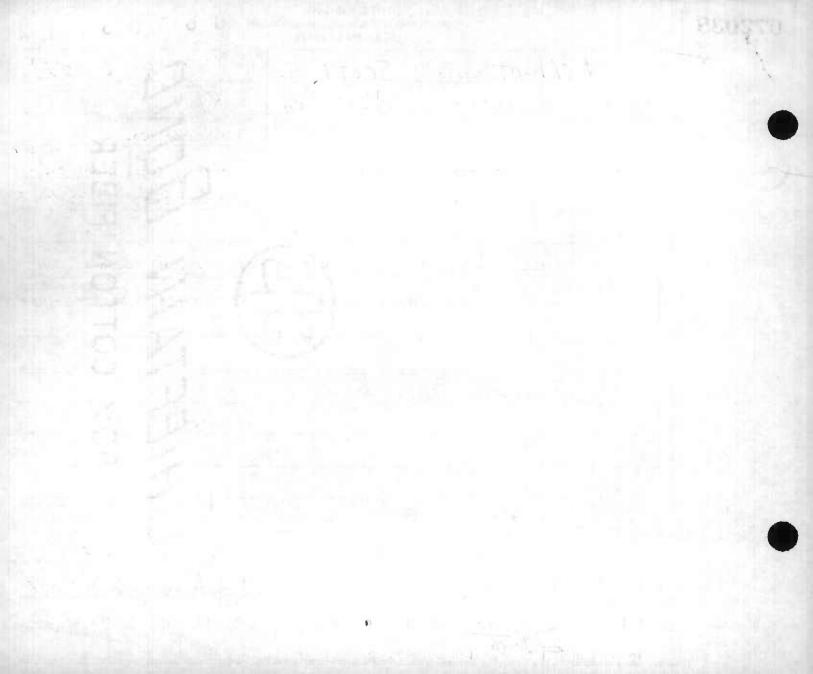
Confe

As an Assert Secretary of the second of the

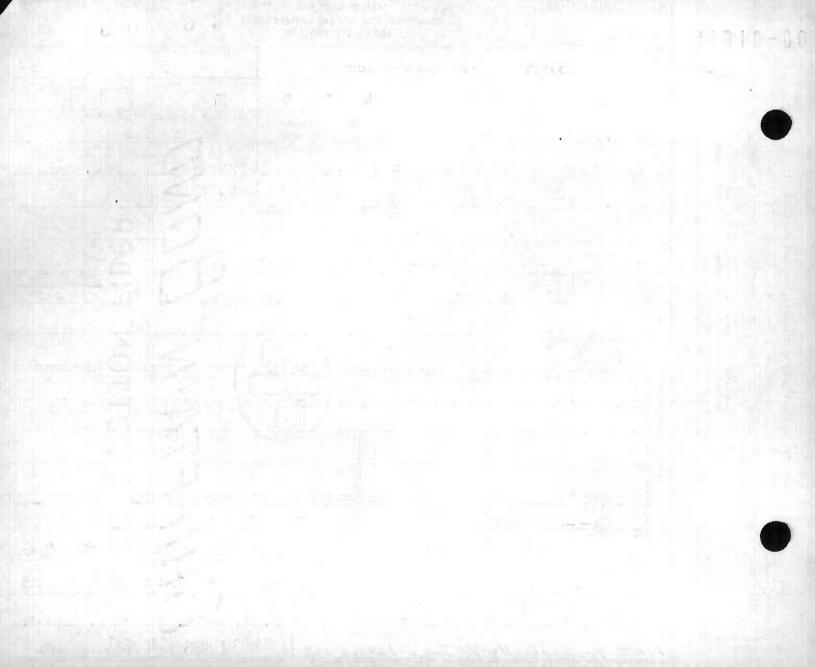
SIA To show of Survivarion Take to 1-110, - ON

Durand Mary 1986 Glen Haven Grendwege F.A. MD

Singleton Funeral Home, Glen Burnie, MD



A Company of the Comp		ems 2a &2b 4/15 For		NENT OF HEALTH AND MENTAL HYG	IENE Q 4	
-01605	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	6/15
		EALER WAME FROM	MIDDLE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
1 3 BLATT	THE STATE OF	Rober	t Poindext	er Scruggs	3 23	· 86 .9:30 Am
1	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
ge 4 ector irs afr		Male	White	MO74 29 28	57 YRS.	ONTHS DAYS HOURS MIN.
of in of the second		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
n 720 n 720	_	alto., Md.	USA	WIDOWED DIVORCED	Anne Arundel	MD
er d	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
Ted the poor	8	Jessup	2934 Jessup R	load	Sepf-Emp.	Sta. Owner
d be	13a. S	L RESIDENCE (IF NURSING HOME OF TATE 136 COU	PROTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	a Cal
Russibe		Md. Anne	Arundel Jessu	P YES NO X	2934 Jessup Rd	. 20179
athir 2 st	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	IAST
p du 0 21)	Robert	F. Scru		THE SEC	Robertson
d co es 1		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	
n and ca Pages 1	(1)	ES, NO OR UNKNOWN) (IF YES, GI	217-24-	1288 Dorothy So	cruggs same as	13e
e by			inly one couse per line for (a), (b), and			APPROXIMATE INTERVAL BESWEEN ONSET AND DEATH
phys snpap emava		PART I. DEATH WAS CAUSE	ED BY: Maled	atic Adeno Can	unima of line	Typears
0005		IMMEDIA	ATE CAUSE (o)		ment - Carry	5
endi n, o mat			DUE TO, OR AS A CONSEQUE	NCE OF		
attendin nave corb nation, or troumatic		Conditions, if ony, which gave rise to immediate	(b)			
by the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
iol,	J.,		(c)			
en pren pren pren pren pren pren pren pr	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	SINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
t. Th	CERTIFICATION	190 DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
e by e	FICA	196 DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	ING CAUSES OF DEATH?
sit p	RT		The state of hills	In the way in the property of	YES NO YES	
ficate transii 1 Hygi 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT 1 OR PART 2)
certification right	S	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
Sic Spor	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ter the is the hond rked	2	AT WORK NOT WHILE				
se o se o ltl		22a.L certify that (I) (this hosp	artal) ottended the deceased from_	2-5-86,19		9, that (I) (we) lost
oital TOR of H		saw the deceased alive a	n 3-4-86 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (our) opinion	death accurred on the date and hour	and from the causes stated
REC ned ppt.	-	276. SIGNATURE	of view the body offer dedition	DEGREE		22c. DATE SIGNED
T T T T T T T T T T T T T T T T T T T	43	Const	2 Mounter	MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	3/24/86
ERAL Stote detc		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	JIRECTOR PHISICIAN	1 / 1/80
or the	н		FORM LBY	900 Can	INE BARD.	MD 2029
TO FUNERA should be d with the Sto	40					" CILLI
		URIAL, CREMATION, REMOVA		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	24.5	Buria1		adowridge Memo.		alt. Md.
MH-16 30M 2/80		INERAL DIRECTOR	ADDRESS	M	AR 3 1 1986 Like De	
(VRA 15, 4)	10	GON F O.	1 - Unno Tue	111121 1 102 1111	THE TEMPORAL OF	Holana Manda 88



James S, Kirkley Glen Burnie MD. 21061

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

I. DECEASED NAME

- STATE

065090

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

4:30

STATE

MD.

250 DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE

20. DATE OF DEATH MONTH

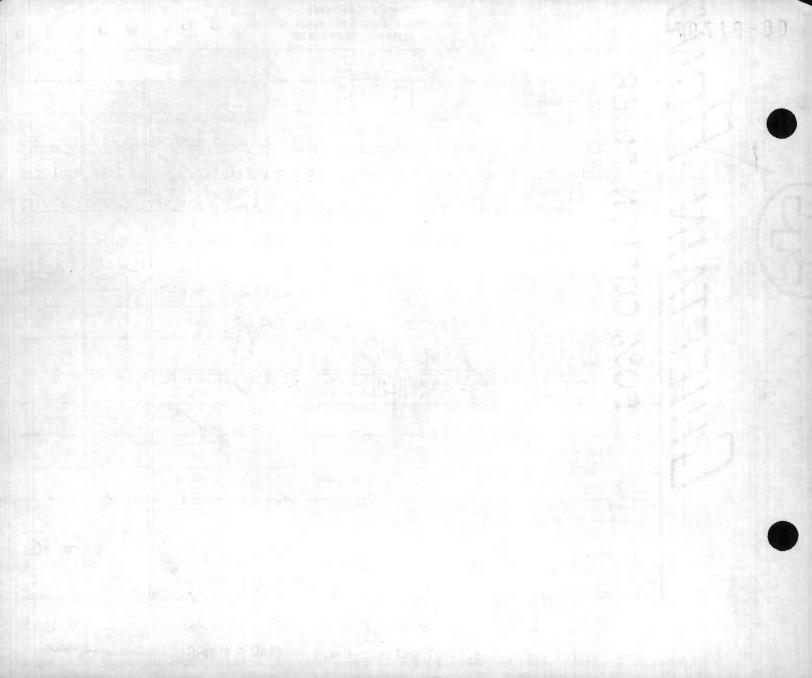
DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTO

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

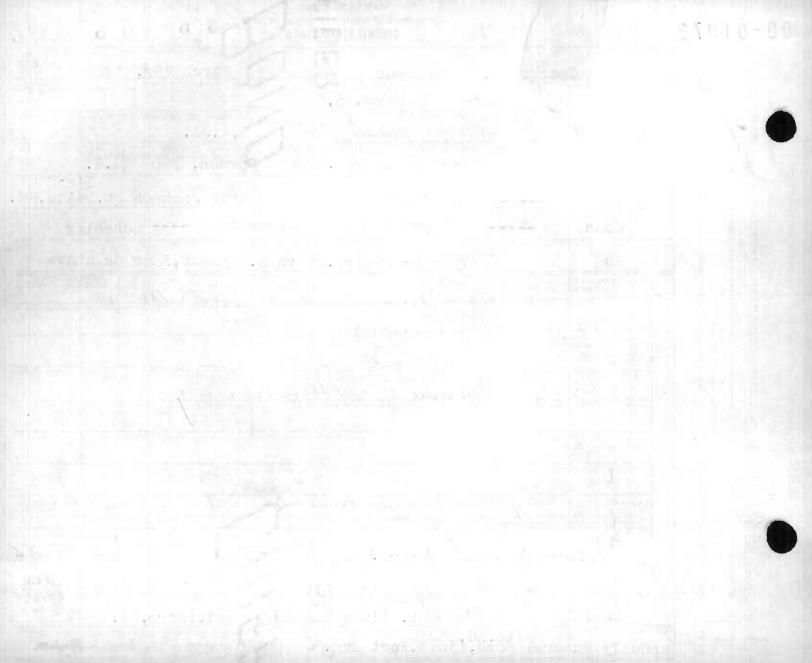
MAR 3 1 1986

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

juna wurdon-Handales.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH RÉGISTRAR REG. NO 1. DECEASED NAME LAST 2a DATE OF DEATH MONIH 7h HOUR TYPE OR PRINT March 25m George Seymour 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYL IF UNDER I YEAR IF UNDER 24 HRS Dew . 15, 1898 White Male BIRTHPLACE ISTATE OR FOREIGN b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED IISA Maryland A.A.Co. WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY en Burnie Carman. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 1136. COUNTY 1136. CITY OR TOWN 21230 3a STATE 13e.STREET ADDRESS / ZIP CODE 1512 Jackson St. Balto . Md. Raltimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME John MIDDLE "Margaret Scheeler Seymour 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 705-05-3364Mrs.Laura E.Seymour, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 191), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) o Scheros 15. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from ___, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 77e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b DATE 23d LOCATION Mt.Olivet Cemeterv Baltimore.Md. 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Funeral Home, 130 E. Fort Ave. DHMH - 16 50M 4/83 Frehis Davidson Randese (VRA 15, 4)



Raymond C. Fink Glen Burnie, Md 21061

(VRA 15, 4)

77 77 77 Defigure Carolinay play THE FAIRE 75 3-13 14 Table 1 C 2' h clen Branic, Md 21061 | 100 1 C 20 1

00-026/0

DHMH - 16 60M 7/B4

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

RAR 256. REGISTRAR'S SIGNATURE

and the second and a factor of the state of th A CONTRACTOR OF THE CONTRACTOR windows and the second of the THE REPORT OF THE PARTY OF THE The state of the s

The same of the supplemental and the same of the same

n - N I	173	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8) (0 6	EST	
0 01		I DECEASED NAME	FIRST		MIDDLE	i.	A ST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR	
9	10 /	(TITE ON PRINT)	MATTIE		PAWN	SH	IPLEY	MARCH :	21. 198	6	3:40 M	
поу	1/	SEX		4 RACE		5. DATE C		& AGE (IN YEARS LAST		ON HE DAYS	R IF UNDER 24 HRS	
9e 4	5	Female		White		Dece	ember 10, 1898	87	YRS	DATS	HOURS MIN.	
5	2 00 000	BIRTHPLACE (51)	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
e o de	COL	Denton,	MD	US	A	WIDOWE		ANNE ARI	INDEL C	OUNTY	MD	
P ě	10-11	10 CITY OR TOWN C	F DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND	OF BUSINESS OR	
10	327	GLEN BUR	NIE		H ARUNDE		PITAL	Cafeteria	Manage	n AA	County	
212 hour	2 3	USUAL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		Schools	
24 AND	CICI	Maryland		A	Glen Bu	rnie	YES NO X	201 Verno	on Ave.	,N.W.	21061	
RYL Virthir	A A Yo	14 FATHER'S NAME		WIDOTE	LAST		15 MOTHER'S MAIDEN NA	WE		9-1-	AST	
MA ed v	PAC	Samue			Pawn		Elmina	Moore		NA		
OBCUT	¥ 10	160 WAS DECEASED		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS	AL ST		
JW .	9 1	No	(11 123 011	THE OR DAILES	217-09-7	916	Jane Irwin,	Same as 13	3		-	
W. PRESTON ST., not the death certific	Common or remo	Conditions, if gove rise to cause to underlying	any, which immediate stating the	E CAUSE (a)			arrest cocardial	mari	2		100	
RDS, 20	Then plan to burno njury, as		R SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	N IN PART 1	o	
At RECO	119	SIO VCCODENIA	PERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			INGS USED S OF DEATH?	
4 OF VIT.	19		YAS UNDERLYING OF DEAP GOOD CAUSE OF DEAP FY MEDICAL EXAMINER	THE STATE OF THE S	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM IB PA	RI (OR PART 2)		
NG PHY offendire	os the bu	(IF EITHER NOTH 21d. INJURY OF WHILE AT WORK	NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY IEET, FACTORY, OFFICE I	FARM, ETC.)	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE	
ATTENDI	d for use of Head	saw the d	270. I certify that (1) (this haspital) attended the deceased from									
TAL OF SERVICE	Article Mr. II Nes	22h SIGNATUR	22	en		m		MEDICAL ST	AFF ICIAN 🗌	3/20 DAT	E SIGNED	
HOSPI med b	ORTA	PACKULE TOWN	C T DEN		W D		22e ADDRESS 653	OLD MILL RO	DAD	n 0110		

234 NAME OF CEMETERY OR CREMATORY

March 24,86 | Cedar Hill Cemetery

DHMH - 16 60M 7/B4 {VRA 15, 4}

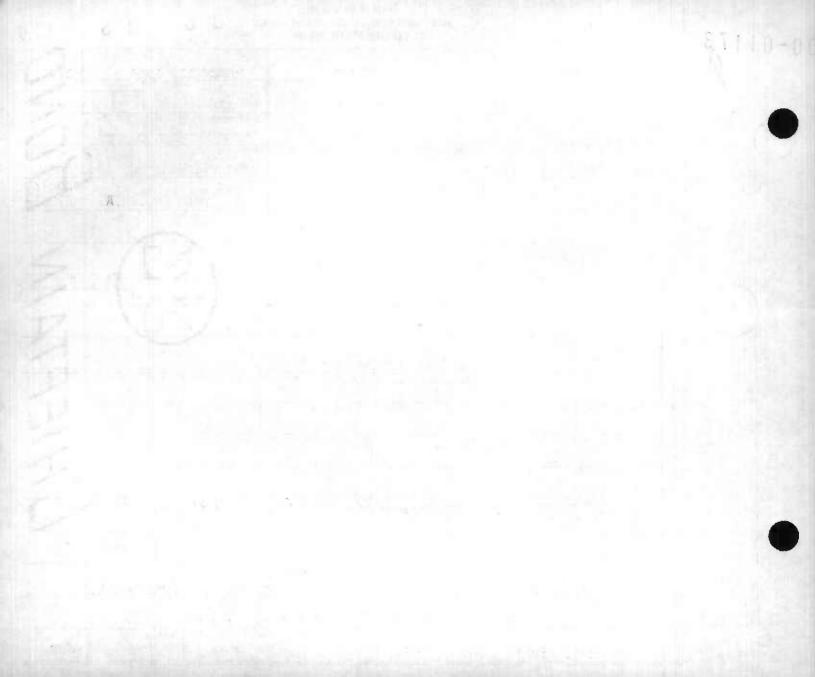
230 BURIAL CREMATION, REMOVAL ISPECIEVI Burial

24 FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie, MD

Baltimore

 $M\overset{\text{STATE}}{D}$



		1							OF MARYLAND				
11 -	011	25	1.	FOR STATE			DEPAR		EALTH AND MENTAL HY	GIENE 5 6	0	1 6	190
9		4.4	/	REGISTRAR				***************************************	ICATE OF DEATH	REG. N		AY YEAR	- U
		5/		EASED NAME	FIRST	٨	NIDDLE			20. DATE OF DEATH		AY YEAR	2b. HOUR
) 1	4 10	4	Prof Argiture	Blago			G.		PLINKOV			1 - 86	05:22Am
10			3. SEX		4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	_	IF UNDER 1 YEAR	HOURS MIN.
VP.	4 of 10		1	Male		Caucas	sian	3	- 7 - 30	56	YRS		
	2/ 62	000	CC	RTHPLACE (STATE OR FO	DREIGN 76		WHAT COUNTRY	/? 8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
	heath mero	7.	Bt	ilgaria		U.S.		WIDOWE	D DIVORCED	AACO.			MD.
	1 11	31		TY OR TOWN OF DEA	TH 1		HOSPITAL, NURS		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
10	S of	28/		. Mead		Kimbro	ough Arm	y Hosp	ital	U.S. army		U.S.	ARmy
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120	24 hour	25	USUA 130. S	L RESIDENCE (# NURS	13b. COUNT AAC	THER INSTITUTION,	GIVE RESIDENCE BEF 13c. CITY OR TO Odent	WN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 495 Hig	ains (2//	13
TA .	thin ely f	- Je	14 FA	THER'S NAME					15. MOTHER'S MAIDEN N	AME	gino L		
AR	d with: pletely and 2 sl	220		George	Shup	Inkov	LAST		Maria	MIDDLE	7	unknoi	
m,	con	0	16a. W	AS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	SS	MILKIII N	N.I.
AOR	e execu	medico	{Y	Yes	Kore W	a, Viet	215-3	8-7842	Sophia Bia	goi Shupiink	OV 40	5 Higo	ins Dr.
TI.	e g	75		18 CAUSE OF DEAT			line for (a) (b)	and (c))		gor onapitiik	OV 42	APPRO	XIMATE INTERVAL LONSET AND DEATH
. 8	ficot sylves	event,		PART I. DEATH W	AS CAUSED	BY:			y Failure			3 5	
1 ST	certifico ing ohys			15 (18) (15)	IMMEDIATE				y rarrare				
OT.	death of	traumatic		Canditions, if any,	which	DUE TO, OI	AD I		Pneumonla			7.5	
PRE	e dep	notion, r troum		gave rise to imm	nediate	(6)		X	TICOMOTITO			3,3	
3	of the	iol, crem or other		underlying cause		1	R AS A CONSEC		teral Sclero	110			
301	es th			PART 2 OTHER SIGN	JIEICANT CO				NOT RELATED TO THE TER		DITION GIV	EN IN PART 1	e year
DS,	equir n sign	njury.	NO				Malnutr						
0	w re been	prior ony i	ATI	190 DATE OF OPERA	TION	196. CONDI			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED
A 1	hos per	2 3	CERTIFICATION							YES NO		ÝING CAUSES	NO [
AT/	ysicio cote l	Mental Hygie	CERI	210. ACCIDENT WAS UNE	DERLYING	21b. TIME O			21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18, P.	ART 1 OR PART 21	
OF	A d TT	Hem		OR CONTRIBUTING (HOUR A.	M. MONTH	DAY YEAR					
NO NO	PHYSIC ending this cert	We B	MEDICAL	21d. INJURY OCCURE		21e. PLACE	OF INJURY		216 LOCATION STREET	CITY OR TO	A/b.1	COUNTY	STATE
VIS	G PH offen er fh	morked	¥	WHILE NOT WE	HILE	(AT HOME, STR	EET, FACTORY, OFFIC	E, FARM, ETC.)	SIRCE	CITY OR TO	1	000111	STATE
٥	OF A	mom		220.1 certify that (1)	(this haspita	l) attended the	e deceased from	Marc	h 8 , 19	86 to 24 Mar	86	19	, that (I). (we) last
	TTEN pitol TOR	of He 21 is		saw the decease abave, (1) (we) (c	eu diive dii			, a	nd that in (my) (aur) apinio	n death accurred an the d	ate and have	r and from the	causes stated
	R ATTE hospita IRECTO	hem Hem		THE SIGNATURES		11	one dedin.		DEGREE			22c. DATE	SIGNED
	AL O AL D	U ±		Gonalla	15	ofuen	mp a	PT. m	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [24	MAR 56
	- 0 -	S 2 /		176 PHYSICIAN'S NA	AME ITHE CHIP	aut)			22e. ADDRESS	THE PARTY OF THE P			
	HO FU	with the				0							
	of of of	3 3/	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23	c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	BP	Lee of	(:	Burial		3/26	/1986	Arlin	gton Natio	nal Cem. A	Arlin		Va.
	DHMH - 16	15M	24. FL	INERAL DIRECTOR			12 R:	idgely	Ave. 250 D	ATE REC'D. BY REGISTRAR			
	(VR A 1:	(4) 9/74	Н	ardesty	Funer	al Hor				MAR 2.4 1986	Solia	Davidson	-Andre
			_										

esterno (fuit) les less to the less to the Parking in a line GETCE च व्यक्तिसम्बद्धाः । । । or a shigh in the state of the a last new for the 1-A Nivertregi in Lateral Jelansiis | Deli

STATE OF MARYLAND

Sales and a second

And the same of the same

Singleton Funeral Home, Glen Burnie, Md.

STATE OF MARYLAND

2h HOUR

12h KIND OF BUSINESS OR

21061

Cromwell

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

COUNTY

250. DATE, REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

22c DATE SIGNED

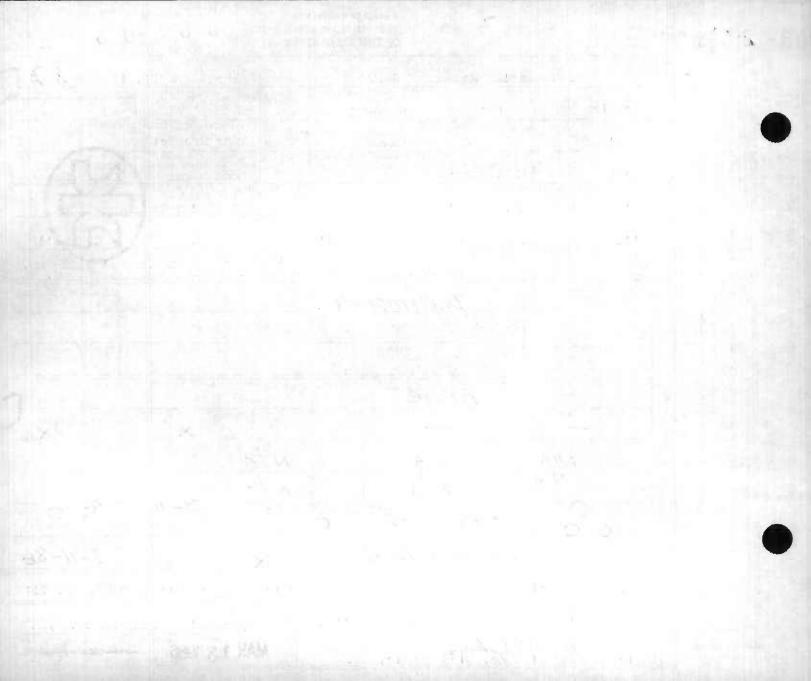
STATE

Md.

Own Home

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR OF



				ST	ATE OF MARYLAND			
1070	1-	FOR STATE			F HEALTH AND MENTAL HY	GIENE 8 6	0 1	
13100		REGISTRAR			TIFICATE OF DEATH	REG. NO		12
m.s		CEASED NAME FOR PRINT)	IN 31	AIDDLE	SMITH.	2a. DATE OF DEATH	3 24 °	EAR 2b. HOUR
deot		M	REREDITIT	М.				86. 1:/5/
fer de	3. SEX	(4 RACE		E OF BIRTH ONTH DAY YEAR	6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
0		Male	White		5 24 17	68	YRS.	
2 2		RTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEA	тн
30		Md.		S. A. WIDO	WED XX DIVORCED	ANNE ARU	NDEL COUNT	
13/1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOA H FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	12a. USUAL OCCUPATI		IND OF BUSINESS OR
7 30		GLEN BURNIE	NORTI	L ARUNDEL HO	SPITAL.	Station.Er	g-Schools	3
1 1	13a. S		HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION OF TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE Gle	en Burnie,
CIC			nne Arundel		YES NO X	348 Gatewat	er Ct. M	d. 21061
2 2 2	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	AME MIDDLE		LAS1
JOSO		Hench	E.M.	Smith	Hester		F	Peaga
S IO		VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO	D. 17 INFORMANTOO M	lonkton Rd.	SS Monkton,	Md.
a l		No	F TES, GIVE WAR ON DATES	212-14-653	1 Charles M.S	mith	#21111	
- ±		18 CAUSE OF DEATH (E PART I. DEATH WAS	Enter only one cause per		, =	1	, RET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
os been signed by bernit. Then pleas ne prior to burial, wagany injury, or a	CERTIFICATION	PART 2 OTHER SIGNIFI 19a DATE OF OPERATIO	ICANT CONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, WERE F	
sho were	ERT	71a ACCIDENT WAS UNDERL	YING 7 216. TIME O	F INJURY	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		
H H H		OR CONTRIBUTING CAU	SE OF DEATH	M. MONTH DAY YE				
# # E	MEDICAL	214 IN JURY OCCURRED			211 LOCATION			
ond	N N	WHILE NOT WHILE	(AT HOME, STE	EET, FACTORY, OFFICE, FARM ETC	STREET	CITY OR TO	WN COUN	NIY STATE
H OF		22a I certify that (I) (th	is hospital) attended th	e deceased from	19_B	/to3/_	24 19-80	, that (I) (we) la
21 is		sow the deceased a	olive on K	bruse 19 86	, and that in (my) (aur) apinio	n death occurred on the d	ate and hour and fro	
E E		22b. SIGNATURE	(did get) view the body	1 offer depty.	DEGREE			DATE SIGNED /
te D	100		X. Xe	17	ATTENDING PHYSICIAN	MEDICAL STA	IAN D	3/24/36
MPORTANT.	1	22d. PHYSICIAN'S NAMI			22e ADDRESS /		4	2 - 2 - 14
PORT	100	RUBER	1 ACID	EH MD.	7445	A PUR	VACE OF	EN MACH
Should be should		BURIAL, CREMATION, REA	MOVAL 23b. DATE	23c. NAME C	OF CEMETERY OR CREMATORY	23d LOCATION	(1)	2 RO 2/
		Burial	Mar. 28	,1986 Char	esville Cemete	ery	Frederic	ck, Md
50M 4/83		UNERAL DIRECTOR		ADDRESS	Marrie 1	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SI	GNATURE
15, 4)	(G. Truman S	chwab 51	51 Balto.	Nat'l PikeM	AR 26 1986	I marketice	2 - Market

arity constitution that the contraction of the cont

Anatomy Board

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	0	
REC	3, NO.		,
E DE AT	H MONTH	DAY	VE

1	6	2	4.5
	0	1	AST.

1	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. 1	6	0 6	1	AST >		
	ASED NAME	FIRST	,	MIDDLE	Į,	A51	20 DATE OF DEATH	MONTH DA	YEAR	26 HOU	IR		
1		Y.IT	E	LIZABETH	SN	EAD	MARC	H 1	2, 198	6	15 P		
1.3	SEX	4	RACE		5. DATE O		6 AGE (IN YEARS LAST B		MONTHS DATS HOURS MIN.				
	FEMALE		WH	ITE	JUNE			88 YRS	JAINS DATS	10000	M IN.		
7a.	BIRTHPLACE (STATE OR F	OREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	OF DEATH				
	MARYLAND		US	SA	WIDOWE	D DIVORCED	ANN	E ARUND	EL COU	NTY	MD.		
10	CITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPA		12b. KIND C	OF BUSINE	SS OR		
	GLEN_BU	RNIE	NO	RTH ARUND		SPITAL	HOME MAKI	ER	OWN	HOME			
	UAL RESIDENCE (IF NURS	13b COUNT		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	210	51	87 - 49		
1	MARYLAND	AA	co.	GLEN BUI	RNIE	YES NO 💢	7885 GORD	ON CT.	APT. !	531			
NI.	FATHER'S NAME	AA	IDDIE	LAST	-1-	15 MOTHER'S MAIDEN NA	ME		1.6	37			
1	JOSEPH			DASHIELI		JULIE		(U	NKNOWN)			
160	WAS DECEASED EVER		NED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT (Son) ADD	RESS 170 C P	onrod	21	061		
	NO	N/A		820.00.	5648	Mr. John J.							
	Canditians, if any, gave rise ta imm	nediate ng the	(b)	R AS A CONSEQUE	- 1	egoerdie,	/ infan	rehon					
2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON								N IN PART 1	a			
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIFY	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{VES} \)					
		CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	JURY IN ITEM 18 PAI	RT OR PART 2)	Неле			
MEDICAL	21d INJURY OCCURRED 21e. PLAC		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR	CITY OR TOWN COUNTY STATE					
	220 I certify that (I) saw the decease abave, (I)	ed alive an_	3.1	12- 198	6 , ar	nd that in (my) (aur) apinian	death accurred an the	date and haur	and fram the	that (1) (
	Coly	riat	Mo		/	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []	3 - /	SIGNED	6		
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)					22e ADDRESS 14 WELLHAM AVE. SUITE 101							

230 NAME OF CEMETERY OR CREMATORY MARCH 17,1986 Glen Haven Mem. Park Glen Burnie,

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

BURIAL

Glen Burnie, Maryland MAR 18 1986 REGISTRARS SIGNATURE Singleton Funeral Home

A A Co. Md.

STATE

AND THE LOCAL PLAN HONOR AND SHARE SELECT. 30.... DESCRIPTION OF THE PARTY OF THE

10	#		613 3/18/86 kam STATE OF MARYLAN	25	
991	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DE	~ ()	06/26
028030	1. DE	CEASED NAME PAST	MIDDLE	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3 85 2	-	. Paul	Jones Soash	Jan.	19.1980 "
	1.56		4. RACE 5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
-	1	nale		908 77 YRS	
THE CHEART		OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MA	RRIED 7 BALTIMORE CITY OR COUN	1 1
1 (1978)	10 C	TANSAS ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU		undel MD.
1 1 1 1	A	nnapolis	Anne Hrundel General Hos	Pital Retired	Civil Service
2 14 20	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		ns 21403
N 1 11 10 2	1	nd A	A florapolis YESX N	101 Evergree	
1 15/1/	14 F	THER'S NAME	MIDDLE LAST 15. MOTHER'S A	AAIDEN NAME MIDDLE	LAST
X 1 5 67/	16a	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN	DIOSSOM DADDRESS &	im prough
MOR Poget		YE HO OR UNKNOWN [IE YES, GI	1031 214-15-1564 Larra	nie & Smish	ameas Vi
MALTI pero of other		18 CAUSE OF DEATH (Enter or		6/1/0	BETWEEN OWSET AND SHARM
ST. I		PART I. DEATH WAS CAUSE	ECAUSE (B) (KM) TUNC HOYT IC	(ava) any (sn	20-25 M
No transport	P		DUE TO, OR AS ACONSEDUENCE OF		work
PRES a de thought	TO.	Conditions, if any, which gave rise to immediate	1 00 1		gara
W but to the state of the state		couse (iii), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	11	
2.20		PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOW LATED TO	O HE TIMEN IN DISEASE OR CONDITION O	IVEN IN PART IIII
ORD STATE OF THE S	TION		(ancer of my from	Bladder	
9	FICAT	THE DATE OF OPERATION	THE CONDITION FOR WHICH OPERATIONAVAS PERFORM	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
A Top of the state	CERTI	210. ACCIDENT WAS UNDERLYING		IRY OCCURRED (ENTER NATURE OF INJURY IN ITEM TI	YES NO (
OF CLEAN	10,020	OR CONTRIBUTING CAUSE OF DE	TH HOUR A.M. MONTH DAY YEAR		
SION STORY OF THE	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DI 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ILE NOT WHILE ALL WORK	60010	SU DAL	
A Tana		sow the fleceased alive an	tal) attended the deceased from 19 , and that in (my) (o	ur) apinion death accurred an the date and h	that (I) (we) last use and from the couses stated
No AT	15	gbave, (I (we) (did) (die = 226. SIGNATURE	DEGREE	2 /	THE MATE SIGNED 1 CL
A the control of the			11/1 PH	YSICIAN DIRECTOR PHYSICIAN	JAM 20 04
HOSPI Ced to cle by cle by cle by	15	THE PARTY SHAME (LEPE &	APPRILATION ADDRESS	0/10	
01 04 1 M	230	SURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CRI	Moad Honapol	is, MD 21401
BP	(CIEN OF WE WONAT	Jan 20,1986 Cedar Hil	S CHY O TOWN	O'COUNTY MISTATE
DHMH - 16 50M 4/83	24 9	JNERAL DIRECTOR	ADDINGS	25a DATE REC'D. BY REGISTRAR 256 REGI	STRAR'S SIGNATURE
(VRA 15, 4)	1a	ylor Funen	I Chapel- Annapolis MV	JAN 24 1986	- www. Mandage

0 0 0 0 SET PLANTED TO BE TO BE TO BE TO SERVED TO SER HARMAN THAT PHANT I WANT TO THE E A PULL CONTROL Consequent of the state of the to and many read for many X . Letter will . I to I I . I will designed and and all of the designed the Elle Lyerole) some at the entire to the test with · 16415 Ava selegaron A book out a fine the street well (the things am all brothing U.H. pot still the train of the state of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

6/2/

ı	1. DECEASED NAME	FIRST	AA	IDDLE		AST	I 2a DATE C	OF DEATH		DAY YEAR	2b HOUR				
	(TYPE OR PRINT)	LOUISE	T		STEWA			ch 28,		, , , , , , , , , , , , , , , , , , ,	ZB HOUR				
ł	3. SEX		RACE		5. DATE C			YEARS LAST BIRT	-	IF UNDER I YEAR	IF UNDER 24 HRS				
	female		white			23/1901 YEAR	84		YRS	MONTHS DAYS	HOURS MIN.				
	Ta BIRTHPLACE I STATE OR	FOREIGN 7b.	CITIZEN OF V	VHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIM	ORE CITY OF	COUNT	Y OF DEATH					
	Rome Ga.		U.S.A.		WIDOWE	D DIVORCED	A	NNE AR			MD.				
1	Harwood	ATH III.		ears Nursi		or other institution Home		OCCUPATION STOP		(FE) INDUSTRY Retir	12b, KIND OF BUSINESS OR INDUSTRY Retired				
d	130 STATE	136 COUNTY		134. CITY OR TO		138 INSIDECITY LIMITS?	13e.STREET	ADDRESS /	ZIP COD	DE 2/	137				
2	Md.	A.A.	Co.	Edgewa	ter	YES NO		2 Lind	len A	ve.	00/				
	14 FATHER'S NAME FIRST James	WIDD	DIE	Trawio	ck	Caroline		MIDDIE		Irv	vin				
	160 WAS DECEASED EVER			16h SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS .						
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	226-46-	7814	Wilbur C. S	Stewart	112	Lind		Edgewater				
	18 CAUSE OF DEAT PART I. DEATH V	18 CAUSE OF DEATH lEnter only one couse per line for the lab and ic. 1 PART I. DEATH WAS CAUSED BY.													
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate (b)													
	gove rise to im														
	cause (o), stating the underlying cause lost. (c) DUE TO, OR AS A CONFEQUENCE OF														
		PART 2 OTHER SIGNIFICANT CONDITIONS C			DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE OR CONE	ITION GI	IVEN IN PART 110	2				
	190 DATE OF OPERA	190 DATE OF OPERATION 196 CON			H OPERATIO	N WAS PERFORMED	20a AU1	TOPSY?	IN CERTI	S, WERE FINDIN	WERE FINDINGS USED NG CAUSES OF DEATH?				
	210. ACCIDENT WAS UN	· ·	21b. TIME OF	INJURY	DAY VEAD	21c HOW INJURY OCCU	RRED (ENTER								
	OR CONTRIBUTING (IF EITHER NOTIFY MED		P.A		19	100000									
ř	(IF EITHER NOTIFY MED 21d INJURY OCCUR		21e PLACE C			211 LOCATION	7 1	CITY OR FOV	WN	COUNTY	STATE				
6	AT WORK NOT W	MILE DRK	(ATTIONE, STA	ES, PACION, OFFICE	, rann, ere j	~	4								
j	220.1 certify that (1	(this hospital)	optended the	deceased from	CV	. 19_8	, to				that (I) (we) lost				
	saw the deceas obove, (1) (we)	ed alive on dd) (did_not) vi	ew the body	ofter death	1971	nd that in (my) (our) opinio	n death occur	red on the do	te ond ho						
	22b. SIGNATURE	11/1	9000	1		AAA ATTENDING	AMEDICA!	STAF	F	The DATE	HIGNED /				
Ц	22d. PHYSIONAN'S N	AME INVASOR		1/	0	PHYSICIAN 22e ADDRESS	MEDICAL	R PHYSIC	IAN 🗌	49	1/86				
	Gau,	1 30	Bede	ZM	0	Box 3491	Co	ton	mo:	21114	6				
	23a. BURIAL, CREMATION	REMOVAL 2	3b. DATE	73€	NAME OF C	EMETERY OR CREMATORY	CI	TY OR TOWN		COUNTY	STATE				
	Burial		4/2/8	86	Mayo M	Memorial .	May			A.A.Co.					
	74 FUNERAL DIRECTOR		12	Ridgely	Ave.	25a D	ATE REC'D. BY			TRAR'S SIGNAT					
	Hardesty Fur	neral Ho				401 A	PK U3	1986	Tuna	Davidson-1	morence				

Annapolis, Md 21401

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

MPORTANT

Hardesty Funeral Home

Funeral Home 300 Mace Ave.

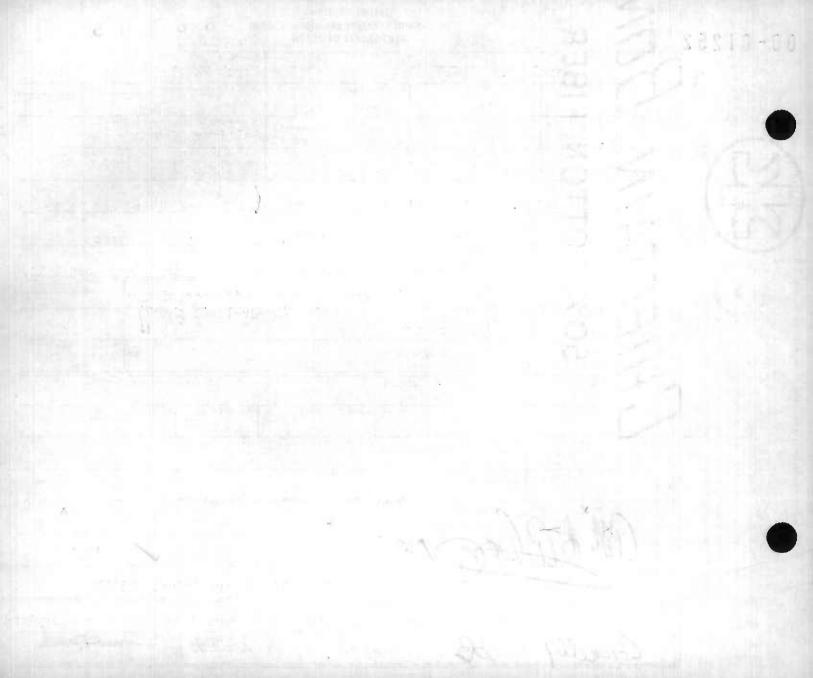
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

item 3, film#G613-

FOR 3-26-86jlb

(VRA 15, 4)



STATE OF MARYLAND

The second second Salaria Anni Commence of the Commence of th Label - university - -The second state that will be a second or the second of th

								AARYLAND								
		FOR STATE			DEPART	MENT OF	HEALTH	AND MEN	VIAL HY	GIENE	6	1	0 (5 /	3	0
OS:	6051	REGISTRA	R	ME	DICAL	EXAMIN	ER'S C	CERTIFICA	ATE OF	DEAT	H	REG. N	NO.		11.06	
UO	OVJX	1. DECEASED NAME FRS1 MIDDLE LAST 20. DATE KNOWN ★ MONTH											NTH DAY	Y YEAR	2b. HOUR	
	War a William	(TYPE OR PRINT)											19			
	PLEASE PLESS PLESS HAURE STREET	I SEX	II RACE	NDRA 5. DATE OF BIRTH												2d. HOUF
	A PER			MONTH DAY	YEAR	LAST BIRTHDA					RONOUNC	CED			Y YEAR	20.11001
	ON S	Female	WHITE	*8-22-60		25 YR	S.				DEAD		3-3	3-86	19	9:40
-	MACHE A	THE BUILTHPLACE	THE CH	76. CITIZEN OF WI	HAT COUN	ITRY?	8 MARR	IED NEVER	R MARRIEI	0 19	BALTIMO	ORE CITY	OR COL	JNTY OF	DEATH	
	SASER /	MARYLANI		U.S.A.								Col	County M			
-	SHAB!	ZIL CITY OR TO	WN OF DEATH		1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF W							YPE OF WO	RK 12b. K	KIND OF B	USINESS	
10	本世界語名	Ammana	lie	(IF NOT IN SUCH FA			1 Ho	cnital		BARE	ST OF WORKI	ING LIFE)			OR INDUS	IRY
10	No. of the last of	Annapo	LIS CF or management of		Anne Arundel General Hospit									0 47	AGE	
8	2945865	MARYLANI	1465	DUNTY.	113 CITY	ORTOWN	51.5	13d INSIDE CITY LIMITS? 13e ST		13e STREE	TADDRES	S			n /	000
64	日本権を到し	MAKXTIAINI	DA	LTIMORE	LAN	ISDOWNE		YES NO M 2938 BERO ROAD						1141		
GW.	10000000	A FATHER'S N		editor.		LAST		15 MOTHER'S		NAME	AID	DDLE			LAST	
ui M	3857720	ALVIN	VIN J. WHITMORE MARY DEAN													
9	ON SERVICE	160 WAS DECE	ASED EVER IN U.S	ARMED FORCES?	16b. SO	CIAL SECURITY	NO.	17 INFORMA	INI			ADDRES	SS			
- 5	22 - A S S S S S S S S S S S S S S S S S S	(YES, NO OR U	NKNOWN) (IF YES.	NO NO DATES)	215	-74-44	32	MARY W	THTTM	ORE	2938	BER	O RD	. 21	227	
*	Speak	TIR CAU	SE OF DEATH /F-A	r only ane couse per line						014	2700	DDI	J 10			TE INTERVAL
ti	WAT WE		DEATH WAS CA					0.0						BE	TWEEN ONS	TE INTERVAL
NO	A PROBLE	28/	IMMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF													
E	NA SER	010	ditions, if only, w	ACCUSE OF THE PARTY OF THE PART	AS A COR	AZEQUENCE ()F									
2	MER JANES		rise to immed													
*	SHOULD BE EXECUTED WINDS WENDING TO HEN PENDING TO HEN MEDICAL DAMING TO HE USED AS A BURBAL THE TO HEALTH AND MENTINGLY, CREWATION, OR		e (a) stating the <u>un</u> cause last	DUE TO, OR	AS A CON	SEQUENCE C	OF .									
28		Jyong	COUSE ALL	(c)										2017		
DS		PART 2 OTI	ER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH	BUT NOT RELA	ATEO TO THE TERM!	NAL OISEAS	E OR CONDITION G	GIVEN IN PART	[] (a)						
RECORDS	BE E NOIN WEDICAL AS A SA ALTH	Z														
	LEA A LEA	19a. DAT	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								120	20 AUTOPSY?				
OF VITAL	SHOULD ORD "PE CHIEF A E USED A T OF HE/	윤														
>	WORD WORD WORD E CHIE CHIE CHIE SINT OF	210 EXTE	RNAL CAUSE WA	216. TIME OI	FINITIRY		121c Hd	OW INJURY OF	CCHBBED	- ENTERNA	THRE OF INHIII	DV IBLITE AA 1	10.0407.10	0.0407.2\	YES X	NO [
0	A HOWE		ING XOR	OF DEATH 7:30A		DAY YEAR		iver of								
DIVISION	A HOUSE	0	BUTING CAUSE						auce	37 mac	J. CIC	2011	LINDU			
VIS VIS	S S S S S S S S S S S S S S S S S S S	WHILE	RY OCCURRED	21e PLACE (OF INJURY TORY, FARM, E			CATION			€IT¥-OR TOW!	N		TOUNTY.	1 4 .	N. A. STATE
△	ANNER: THIS CERTIFICATE SHO FICATE, WRITING THE WORD FE FORWARDED TO THE CHIE CTOR: PAGE 3 SHOULD BE US THE STATE DEPARTMENT OF UAND, 21201 PRIOR TO BURIN	AT WOR	K NOT WHILE	k hgw			Rt.	178 ¼	iml. V	N. OI	Eppi	ing v	vay I	Annaj	50112	, Ma.
	RE THE TE	220 1	anni fir shas I saak a	horge of the remains des	cribad ab	ove held as	Auton	sy 🔽 , li	Inspection		Inquiry [
	EXAMINER: CERTIFICATE UID BE FORU DIRECTOR: I, WITHTHE'S MARYIANO												and in my	y opinion		
	SEPSEX	death r	esulted from:	lotural causes,	Accident	LXI, SU	cide	, Homicide		Undeter	mined mon	iner				
	CERT DUID WAR	ACTUAL	MA	11-1-11	(1)	0		TITLE (SPE					DA	TE -		
	SHOULD FRAL DIR EATH, WIN	SIGNATI	JRE	we we	AM		M	D. Assi	stani	L MEDIC	AL EXAMI	NER		SNED 3	-4-86)
	MEDICUTE SE 4 S FUNE SE PENDE	EXAMINI	ER'S NAME	TO THE REAL PROPERTY.							01					
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL C AFTER DEATH, BALTIMORE, M	(TYPE OR	PRINT) M	argarita A.				ADDIKE 33			Stree	et				
	202249	23a. BURIAL, CRI	BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY										YINUOS		STATE	
07/84	BP	BURIAL 3/7/86 OAKLAWN CEMETERY BALTIMORE CITY MARYLA										LAND				
25M	DHMH - 17	24. FUNERAL D	IRECTOR	ADDRESS			1-74		a. DATE RE	C'D. BY R	EGISTRAR	25b REC	GISTRAR	SSIGNA	TURE	
	(VR A15 ME (5))	AMBROS	E INC. 1	328 SULPHUR	SPRI	NG RD.	2122	27	MAR	5	1986	7000	a Dav	rdson-	- Randa	.02_
												-				

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

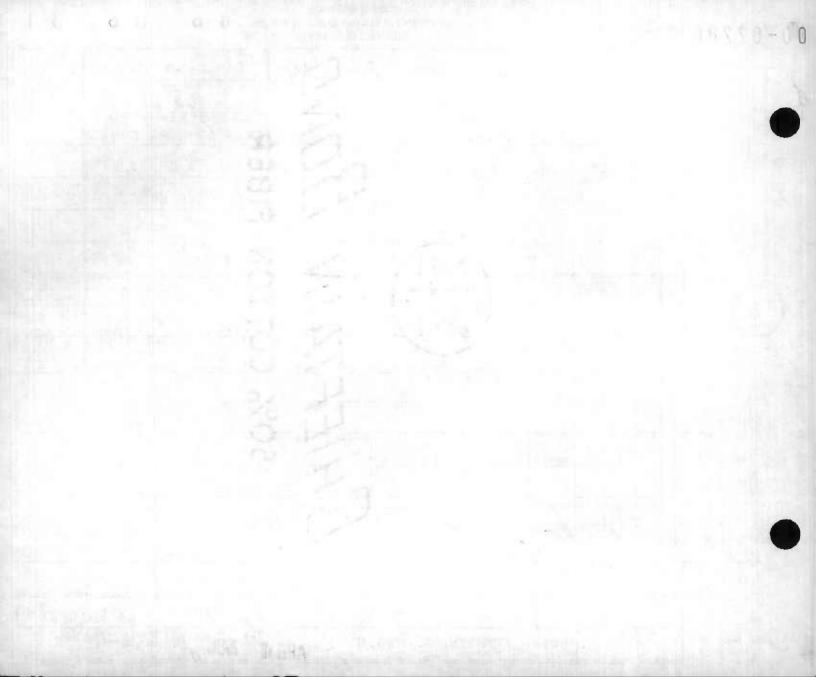
06731

	- 3	40
,	HETSKIANN, The law requires that the profit cartificate be executed within 24 hours after death. Fage 4 may be noting physician.	this certificate has been ulgred by the orthodorg publicion and completely fulled in by the funeral director, page 3 a bund-frontit parms. Then places remove content pages 1 and 2 should be filed within 72 hours after death different prior to build, cremation, or removal.
A	4	3 6
D	P	Die Contract
	d.	100 4
	Oec	1 1 LB
	1	112
101	0	330
212	100	20 19
문	24	1
YLA	199	12 A L
AAB	3	13/1
H	90	0 100
NO.		page page
Ē	3	15 4
8	1	1 0 0 E
15	/ R	7
ő	1 :0	1001
SE .	1	5 0 0
A .	. 4	4111
-	- P	d by entre
5, 2	- 1	900
8	8	1年2月
20	8	3116
HON OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	2.5	this certificate has been signed by the one utting supplicion and completely filled in by the funeral discussion burnel from permit from places remove contemporal. Fages 1 and 3 should be filed within 72 to discuss prior to build, cremation, or removal.
VIE	7 5	事品
6	A S	1000
NO	PerSiciani The	132 7
720	0.2	2 4 7 3

	CEASED NAME	FIRST		MIDDLE	- {	AST	20. DATE OF DEAT	H MONTH	DAY MEAR	2h HOUR
Links	GETEINT)	mar	nc.	SWENEY	5	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		3/	28/86	12 25 PM
1, SE	<u> </u>		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	FEMALE	990	CAUCI	ASIAN	DEC		N 35-14	63 YRS		HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	X XNEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	ENTUCKY		U.S.	Α.	WIDOWE		ANNE AF	UNDEL	COUNTY	MD.
10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCU			BUSINESS OR
AN	INAPOLIS	AN		NDEL GE	NERAI	L HOSPITAL	WAITRES	S DEP	T. STOR	E
13a S	AL RESIDENCE (IF NUR STATE ARYLAND	13b COUN ANNE	TY	GIVE RESIDENCE BEFORE 130 CITY OR TOW EL ANNA	N	138 INSIDE CITY LIMITS?	13. STREET ADDRE	RES NE CR	TAURANT EST DRI	VE 1403
14 FA	THER'S NAME	,	MIDDLE	LAST	150	15 MOTHER'S MAIDEN NA	AME	1 F	DI DI LAST	
G A	RRETT		0.	NEULING		CARRIE		MO	TLEY	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		DDRESS		
1	10			311-14	-5663	RICHARD M	. SWENEY	SAME		
	PART I. DE ATH V	TH (Enter onl	y one couse per	.04 . 1/ .	- 1	. 0 .	- 00 -		BETWEEN OF	NATE INTERVAL NSET AND DEATH
	PARTI. DEATH		E CAUSE (o)	rreto	COURCE	a cost	Elx Col	ucla		
			DUE TO, O	R AS A SO NEOUE	THEE OF		· land			
	Conditions, if ony		(b)_	10/0/1/	1/1	ulmmen	ceoung			
	couse (a), stati	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF		/			
			(c)							
2	PART 2 OTHER SIG	NIFICANTO	ONDITIONS <u>C</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR C	CONDITION	SIVEN IN PART 110	
CERTIFICATION	19a DATE OF OPERA	TION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF Y	res, were finding	GSTISED
FEC							YES TO NOT	IN CER	TIFYING CAUSES O	OF DEATH?
188	21g. ACCIDENT WAS UN	DERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR		_ ,		NO []
100	OR CONTRIBUTING	CAUSE OF DEA	in .	M. MONTH DA						
MEDICAL	(IF EITHER NOTIFY MED 216 INJURY OCCUR		21e PLACE	M. OF INJURY	19	211 LOCATION				
ME	WILE NOTW	HILE		REET, FACTORY OFFICE F	ARM EIC)	STREET	CITY	ORTOWN	COUNTY	STATE
	22a I certify that (I		al) attended th	ne deceased from_			to		. 19	hat (I) (we) lost
	sow the decease	sed olive on		19		d that in (my) (our) opinion	death accurred on the	he date and h		
M	226 SIGNATURE	O-di pio nei	I view the body	arrer death.		DEGREE			22c DATES	IGNED
M		11	101			ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN []		
1	22d. PHYSICIAN'S N	AME LIVES OF	(Truell)	7	-	22e ADDRESS		Totomit		
	JACK LIC	HTEN	STEIN			20 RIDGELY	AVE. AN	NAPOL	IS, MD.	
	URIAL, CREMATION		23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	236 LOCATION			
(TR'EMATIO:	N	3-29-	-86 ME	TROP	OLITAN CREM	IATORY AY	EXAND	RÍATFAI	RFÄX V
24 FL	INERAL DIRECTOR				7.15	[250 DA	TE REC'D BY REGIST	PARISS REGI	STRAP'S SIAMMATI	ecab a

DHMH - 16 60M 7/84 (VRA 15, 4)

E. EVANS ANNAPOLES, MARYLAND



Singleton Funeral Home, Glen Burnie, Md

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TIPE ON PRINT) ESTI-TODD DEATH MATED 28 1986 SWISHER Michael 4. RACE AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White Jan. 13.1965 DEAD 21 28 1986 8P M YRS LATE BUTTHPLACE CHARLES 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland United States WIDOWED Anne Arundel County DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Carpenter Glen Burnie North Arundel Hospital (DOA) Construction SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 592 - A. Street Maryland Anne Arundel Pasadena 13d INSIDE CITY LIMITS? OK WITAL RECC NO & 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Phillip Swisher Linda Spencer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 166 SOCIAL SECURITY NO DIVISION NO217-78-9190 Phillip Swisher 592- A. Street 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) AS A ALTH CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARMLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES T NO [216. TIME OF INJURY HOUR AND MONTH DAY YEAR 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 7:30 M. 3-28- 1986 Operator of motorcycle/van collision. 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK road Hog Neck & Elizabeth Rds. Anne Arundel MD H, WITH THE SI Autopsy X 220 I certify that I took charge of the remains described above, held an Accident X Undetermined monner death resulted from: Notural couses TITLE (SPECIFY) ACTUAL 3-29-86 Mr Assistant Ann M. Dixon, M.D. 111 Penn St., Balto., MD 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION March 31,86 Security Process Inc. Cremation BP Catonsville. Baltimore 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR Mb. REGISTRAR ADDRES 204 Mountain Rd. WALLAND SIG **DHMH - 17** Pasadena. Md. 21122 (VR A15 ME (5)) McCully Funeral Home

STATE OF MARYLAND

town the local select and the

STORY Transport in the contract of the contrac

College of the state of the sta

restaton de modalita de la companya de la companya

and an enter the second second and a second second and a second second and a second se

STATE OF MARYLAND

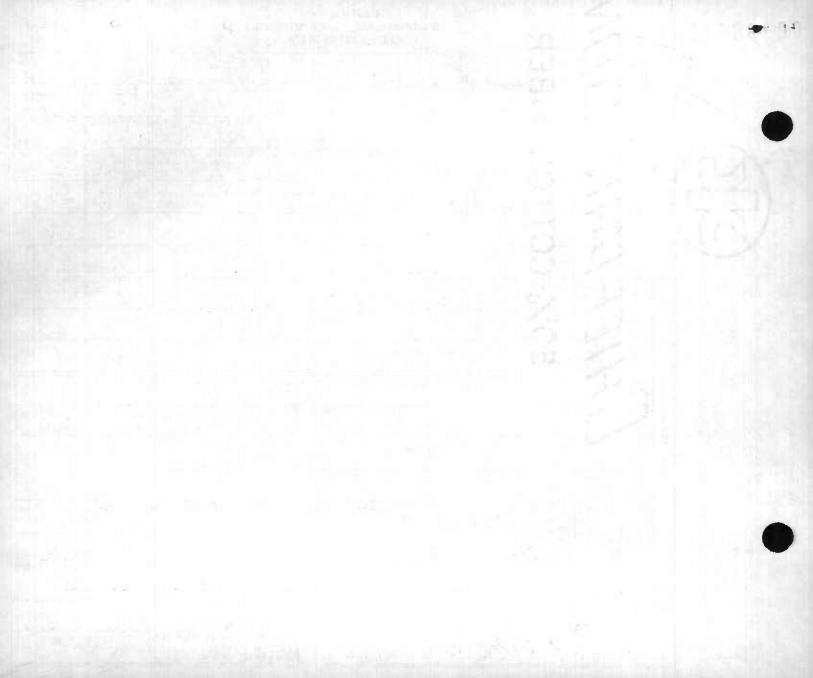
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH MONTH DAY YEAR 2h HOUR THRE CH YEAR Florence Agatha Taylor March 16. 1986 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR MONTH YEAR Female White August 17 1916 69 LATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel New York USA WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 7834 Park West Apt. 104 Stenographer Putnam County Glen Burnie USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE Apt. 104 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 7834 Park West Drive 21061 Glen Burnie NO X Maryland A A Co. A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MUDDLE Fisher William Radcliffe Marion 16g WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 166 SOCIAL SECURITY NO 17 INFORMANT (Daughter) IYES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 126.01.6998 Mrs. Kathleen A. Carney Same as # 13 No NA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH III CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-Carcinoma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES F NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET FACTORY OFFICE FARM ETC.) NOT WHILE 22a | certify that (1) (this haspital) attended the deceased fram. March saw the deceased alive an abave, (I) (we) (did) (did nat) view the body after death. and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 1205 York Road, Baltimore, Md. Dr. Howard D. Bronstein 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) CITY OR TOWN COUNTY STATE March 19,1986 St. Lawrence O'Toole Brewster Burial Putnam N.Y. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Singleton Funeral Home, Glen Burnie, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

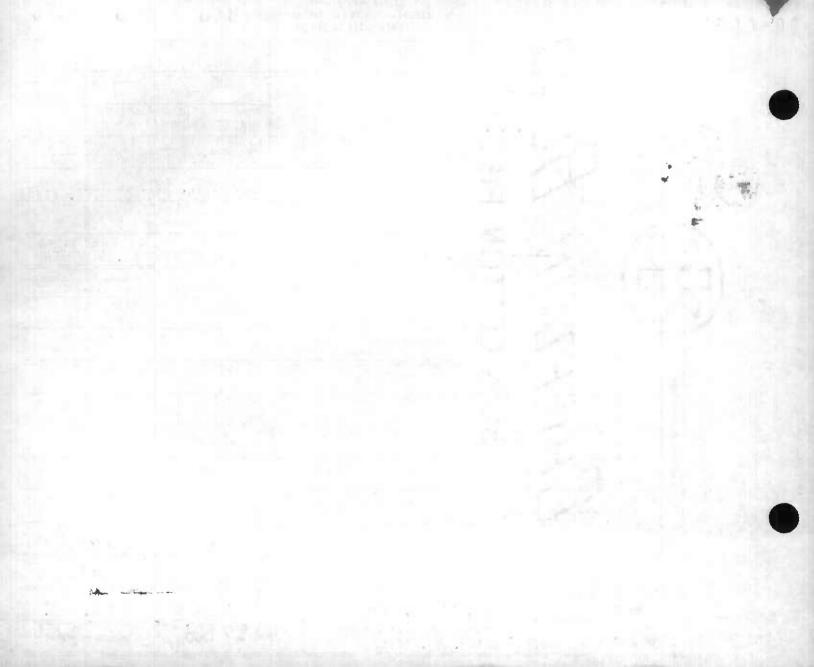


STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTA

AL HYGIENE CERTIFICATE OF DEATH

6

00-00506	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0	6 /	3 6	
noy be poge 3	(TYPE	CEASED NAME FIRST OR PRINT) NOR!		RUTH		TERRY	MARCH 14,	1986		10 COPM	
rector. pe	3. SE.	FEMALE	4 RACE WHITE	JERON.	DECE	EMBER 30 1926	6 AGE (IN YEARS LAST BIRTH	YRS.		HOURS MIN.	
death. P		RTHPLACE (STATE OR FORM CA	y.s.A.		WIDOWE		9 BALTIMORE CITY OR ANNE ARUN	WEL		MD.	
201	1	LINTHICUM	18 NOT IN SU 565	SHIPLEY R	OAD	R ÖTHER INSTITUTION	(TYPE OF WORK FOR MOST OF	WORKING LIFE)	DUSTRY GIANT	FOOD	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 OUR STANDARD OF THE CONTROL OF THE CONTROL OF EXECUTATE THE CANADA OF THE CONTROL O	13a. 3	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ARYLAND CI	ITY	BALTIMOR	V 1	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 290 OAKLEE		E APT	S. 21229	
MARY	2	ATHER'S NAME FIRST AMOS	MIDDLE	DAVIS		13. MOTHER'S MAIDEN NA	CE		BURKE		
be executed on and control of s. Pages		VAS DECEASED EVER IN U.S. AR YES, NO OR UNXNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	220-14-3		JUDY McCONV	ADDRES				
ST., BAL intrificate g physicis on paper emaval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)	ly one couse pe D BY: E CAUSE (a)	Cardiore	yseral	ta, arrest			1 shade	NATE INTERVAL NSET AND DEATH	
death ce death ce ave carb itian, ar r		Conditions, if any, which	DUE TO, C	R AS ACONSEQUE	nce of meta	tan			2	720	
that the d by the lease remial, cremo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	OR AS ATONSEOUE		onice			7	no	
ignec ignec ignec it in pli	NOI	PART 2. OTHER SIGNIFICANT (ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN	N PART Ito		
AL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	IN CERTIF			S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\bigcap \text{NO} \bigcap \)		
1119		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A	DF INJURY .,M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)		
NUSION CO PHYS Cortes of the country of the box	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE	
TOWN AT THE STATE OF THE STATE		22a certify that () (this hospi sow the deceased alive on above, () (we) (did) (did no	3/1	4 19	6 , or	d that in (my) (our) opinion	death occurred on the dat	e and hour an		hot (I) we tast auses stated	
AL OF AL DIRECTOR STEE DEST		226. SIGNATURE	Value	into 70	12	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	an 🗌	3/15	IGNED 7/86	
TO HOSPITAL retained by the TO FUNERAL should be det with the State limport ANT.		WAY C WAYER T	r PRINT)			900 Cat	on fuc	Hall Bald	Moda	11229	
P = P = 3 € 1 € 5 € 1 € 5 € 5 € 1 € 5 € 5 € 5 € 5 € 5 € 5 € 5 € 5 € 5 €	23a 1	BURIAL, CREMATION, REMOVAL	23b. DATE MARCH			EMETERY OR CREMATORY VE CEMETERY	RANDALLS	TOWN E	BALTO.	MD .	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	THOU DIRECTOR RUSSE	PENGE B	ITAKE THINE	RAL 21	OMES 250 DAT	AR 1 7 1986	Sh ALPISTRIA	SSGNAT	Andrea	

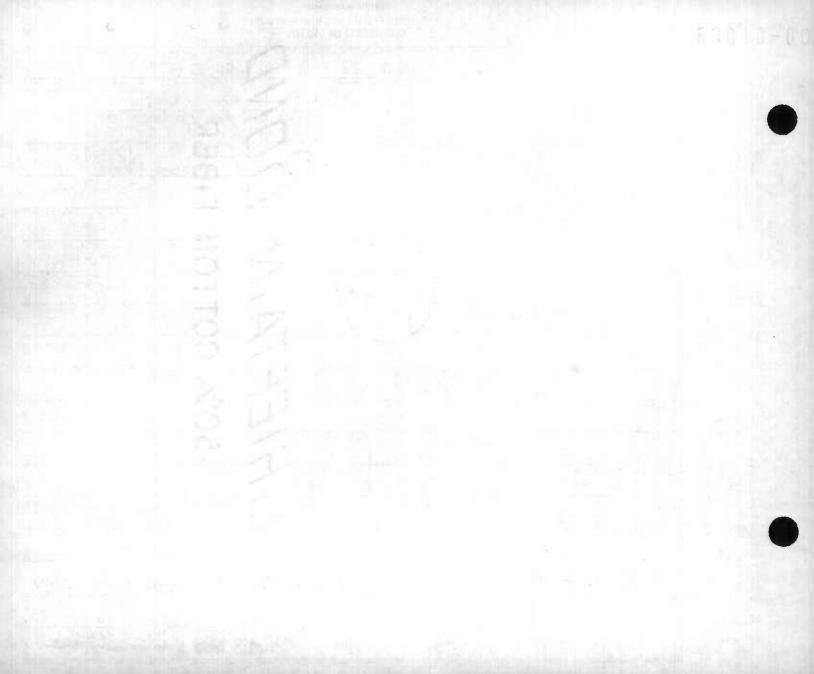


			ron.			TE OF MAR		VOIENIE.				
0.0	01522		FOR STATE		DEPARTMENT OF DICAL EXAMIN		TIFICATE O	E DEATH 6	0	6 1	1 3	1
00-	01522	1. DE	REGISTRAR CEASED NAME FIRST	7712	WIODLE	LAST	CHICALLO	Za. DATE K	REG. NO.	ONTH DAY	YEAR	Zb. HOUR
	2000	(TYF	e OR PRINT) Aller		Е.	Thom	npson	OF DEATH /	ESTI-		1986	
	A CHEST	3. SE		5 DATE OF BIRTH	6 AGE (IN YE	ARS IF UNDER	A	24 HRS. 2c DATE	MČ	ONTH DAY		2d HOUR
10	N SI	IM	ale Cauras	8-20	-1906 79	AY) MONTHS	DAYS HOURS	MIN PRONOUNCE DEAD	ED	3-16	1986	2:20 a. M
10	SE ZESA	7a. B	RTHILACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	2	□ NEVER MARRI	9. BALTIMO	RE CITY OR CO			CA O INC
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. EO, WITHIN 72 HOURS W. PRESTON STREET,	M	TARU AND	U.	S.H.	WIDOWED	=/		Arunde]	Coun	tv.	MD.
	AY IS NI THE FU AGE 5 FILED,	10. C	TY OR TOWN OF DEATH	11; NAME OF HOS	SPITAL, NURSING HOM	, OR OTHER I	NSTITUTION	12a USUAL OCCUPA	TION (TYPE OF V	YORK 12b KI	IND OF BUS	INESS
	MD. 21201 H. IF ANY DELAY IS N. 1, 2, AND 31 OTHE FI. N. 3. RETAIN PAGE 5, 2. SHOULD BE FILED, MAL RECORDS, 70 UM		Annapolis	Anne A	cundel Gene		spital	MAINTA	INence	WK.	251	du
	ANY ANY ANY ERTAIN	TUSU/	AL RESIDENCE (IF IN NURSING HOME TATE 13 COUN		13c. CAY OR TOWN	ON)	INSIDE CITY LIMITS?	STREET ADDRES	612	DAK	FOI	3-6
	SHOPE SHOPE	Ш	ALLIANDI HIM	15 HRUNI	d. HUDO		ES NO V	1 Sever	N9 h	KIM	0 2	1146
	E, MD	14. 6	ATHER'S NAME FIRST	MIDDLE	LAST	15.	MOTHER'S MAIDE	NAME	DLE		LAST	
	5 BB 25 5 -	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT	Y NO 17	INFORMANT		ADDRESS	-	17	
	FTER FOR GES 1 SION			WAR OR DATES)	213-16-5	038 F	WENE.	7thmorn 1	TR (<	come	25/3	15
	S OF S	1	18 CAUSE OF DEATH (Enter or		far (a), (b), and (c))	00011	THE NV.	1101112010	15. 60	A	APPROXIMATE I	INTERVAL
	E SECTION		PART I DEATH WAS CAUSE		rterioscler	otic Ca	ardiovasc	ular Disea	se	BETY	WEEN ONSET	AND DEATH
	5 2 E 3 E 3 S		INVICOIA	12 011008 (0)	AS A CONSEQUENCE				1977	3 3		
	W. PRESTO WITHIN C MINER I TRANSI NTALHYG OR REMOV		Canditions, if any, which gave rise to immediate	(b)						1-1-1		
	· SZ世世写明		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF				124		100
	CUTE CUTE IN IN ION,			(c)								
	RECORDS. ID BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE BUILD	Z	PART 2 OTNER SIGNIFICANT CONDITIONS				CONDITION GIVEN IN PA	RT I (6)				
	MELD BY MEND B	1 8	19e DATE OF OPERATION		arcinoma of		PERFORMED?			120	AUTOPSY?	
	TAL ROUNSE OF HER	CERTIFICATION			101170111111111111111111111111111111111		EKI OKINED,				YES XX	
	OF VIT. ATE SHA THE CH THE CH THE CH TO BE U	ERT	210. EXTERNAL CAUSE WAS	216. TIME O	FINJURY	71c. HOW	INJURY OCCURRE	D LENTER NATURE OF HUJU	TY IN ITEM 18 PART		TES ALA	NO []
	ON COULD		UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.A	MONTH DAY YEAR	1						
	DIVISION S CETIFIC RITING TH RDED TO SE 3 SHOU E DEPARTY OU PRIOR	MEDICAL	71d INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f. LOCAT						
	MIS CHIS CHIS CHIS CHIS CHIS CHIS CHIS CH	5	WHILE AT WORK AT WORK		TOAT, FARM, ETC)	STREET		CITY OR TOWN		COUNTY		STATE
	ATE, ORW, R: P.		22e I certify that I tack charg	ge of the remains de	scribed aboy, held an	Autopsy X	X. Inspection	Inquiry [and in	my apinian	FELE	
	PER		death resulted from Nutu	rol courses X	popular Su	icidi)	Homicide .	Undetermined man				
	EXA CERT DID I		ACTUAL A UDI	0000	XX. As	nt	TILE (SPECIFY)		21/11/		0.76	0.5
	PATHONE -	-	SIGNATURE / CCC	elles)	Jud 1	" HIGG	Assistan	t MEDICAL EXAMI	NER S	GATE	3-16-	86
	NE PE		EXAMINER'S NAME	ennis F	Smyth, M.D.		ם ווו	enn St., E	alto	Md.	21201	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CERTIFICATE, WRITING THE WORD. "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDATIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION,	73n R		23b DATE		METERY OR CE	AKE GG			1.00		
07	7/84 BP		Sirial	13-10-19	& BAITIMO	11.	DUR CEM	23d LOCATION CITY OF TOWN		COUNTY	STA	TE
25	DHMH - 17	34.6	UNERAL DIRECTOR	5011	Stolice	VUIL		REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	TURE	-
	(VR A15 ME (5))	1	14 COMEDITE	1. Sover	NO BR	, mi	MAR D	# 1986 des	Touristan	- Book	4960	ø
					2	1146						27

00-01522 Gall Fability The state of the s CONTRACTOR OF THE PROPERTY OF

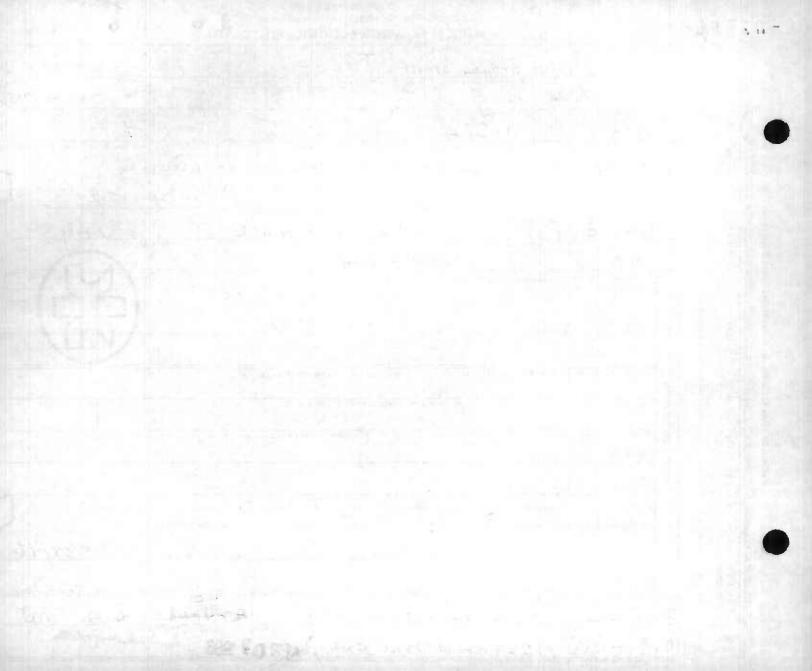
1-01068	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 6	6 7 3 8
, , , , , ,		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
ay be age 3 death	(TYPE	EDNA	s.	TOLLIVER	MARCH 7, 1986	2:25 RM
moy poger de	3. SE.	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	FE	EMALE	CAUCASIAN	JUNE 11, 1920	65 YRS.	MONTHS DAYS HOURS MIN.
Pog Pog	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OF COUNTY	OF DEATH
nero n 72		CREA, KENTUCK	Y U.S.A.	MARRIED □ NEVER MARRIED □ WIDOWED ▼ DIVORCED □		COUNTY MD.
by the fu		INAPOLIS AN	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	12a, USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE BOOKKEEPER ST	126 KIND OF BUSINESS OR
filled in rauld be f	13a S	STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE 134. CITY OR TOW ARUNDE ANNAP	ADMISSION) 13d INSIDE CITY LIMITS? OLIS YES E NO	130.STREET ADDRESS / ZIP CODE 29 WEST WASHI	OFFICE NGTON ST.507
ompletely sand 2 sh		ATHER'S NAME DAVID	SMITH	15 MOTHER'S MAIDEN LAUR'S	21/2/20144	RRAY LAST
be execution and co		VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 402-12			EWEY DRIVE OLIS, MARYLAN
physicia on papers emaval.		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), an D BY: E CAUSE (a) (CAUSE (b)		Ace, das	APPROXIMATE IN PRIVALE OF BETWEEN ONSET AND DEATH
equires that the deat signed by the atter Then please remove of to burial, cremetian, njury, ar ather traum	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUION OF THE CONSEQUION OF AS A CONSEQUION OF THE CONSEQUION OF	ENCE OF	RMINAL DISEASE OR CONDITION GIVE	EN IN PART 140
The law retains and the has been as the permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES NO PER IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
iySiCiAN: T ding physics is certificate burial-transi Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		19	JRRED (ENTERNATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
ind PHY of the business of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
OR ATTEND e haspital a DIRECTOR A sched for use Dept. af Heal		saw the deceased alive an abave, (I) (we) (did) (and no	tol) attended the deceased from 19	, and that in (my) (aer) opinio	in death occurred on the date and hour	
		226 SIGNATURE			MEDICAL STAFF DIRECTOR PHYSICIAN	22¢. DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be det; with the Store IMPORTANT:			BIERN	51 FRAN	Klin St. ANNAPOL	is Md. 21401
BP	(URIAL, CREMATION, REMOVAL SPEURIAL			APOLIS ANNE ARU	NDEL CO. MD.
DHMH - 16 60M 7/B4 (VRA 15, 4)		DETT E. EVAN	S ANNAPOLIS,		ATE REC'D. BY REGISTRAR 256 REGISTRAN 260 PURIS 1986	BAR'S SIGNATURE

PINIE VI MINICIE



0.01015		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE 8 6 A	6 7 3	9
0-01042		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 / 0	4
e 0 =		CEASED NAME FIRST	WIDDIE	LAST	0.5	DAY YEAR 26 HOUR	
oge 3 depth 3		ESTELLE	И.	TUBMAN		18-86 1:00 IF UNDER 1 YEAR IF UNDER 241	AM
oge 4 merector. p	3. <u>SE</u>	EMALE WI	4HE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS A	MIN.
Pog Thought	1	COUNTRY)	OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY		MD.
1	10. C		E OF HOSPITAL, NURSIN FIN SUCH FACILITY, GIVE STREET	ADDRESS)	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS	S OR
(1)2	050 13a	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTED TO THE STATE AND THE S	TUTION, GIVE RESTORINGE BEFORE		13. STREET ADDRESS / ZIP CODE	At 1.40	The
d Spirit	14. F.	ATHER'S NAME CHARLES	Seh	15. MOTHER'S MAIDEN NAMED THAT AND IE	ME MIDDLE	DIFFEY	
Poges 6		WAS DECEASED EVER IN U.S. ARMED FOR YESHOOR UNKNOWN) (IF YES, GIVE WAR OR DA		4744 PIEHM	2) L. TURA	AN - AR	ZOUE
rw requires that the death certification is the attending plant. Then please remove carbons prior to buriol, crembtion, or remotive and any injury, or other traumatic events.	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION	TO, ORAS CONSEQUI (b) AVOIL TO, OR AS A CONSEQUI IC) INS CONTRIBUTING TO	ed arterioral	200 AUTOPSY? 20% IF YE	S, WERE FINDINGS USED	<u>-ear</u>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RTIFIC			8	YES NO YE	FYING CAUSES OF DEATH?	?
HYSICIA T ding pline is certificat buriol-trom or tem Ex			IME OF INJURY JR A.M. MONTH D. P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
G Prenty the	MEDICAL	21d INJURY OCCURRED 21a P	LACE OF INJURY OME STREET, FACTORY, OFFICE, I	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT	.TE
TEN OR STATE		22a. I certify that (1) (this hospital) attended sow the deceosed alive on abave, (1) (we) (did) (did not) view the	ded the decaysed from	Many young	to March 6. death accurred an the date and have	19 86 , that (1) (we)	
Che he		226 SIGNATURE			MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 03 - 08 -8	36
TO HOSPITAL (retained by the TO FUNERAL Ishould be deto with the State IMPORTANT: IMPORT		Allan Perez	M.D.			tonsville 21	228
BP	23a.	BURIAL, CREMATION, REMOVAL 1236 DA	10/86 23c	NAME OF CEMETERY OF CREMATORY	23d LOCATION WOOD LA	BALTO W	10.
DHMH - 16 50M 4/83 (VRA 15, 4)	6	but & Barrana	2 PADDRESS	Ph > 250 DAT	E REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE	

	,	L	STATE OF MARYLAND	
11-1	2800	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 6	5 7 4 0
c. () - ()	1000		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN NON	TH DAY YEAR 26 HOUR
	W ~ . 6 57 E	{TYP	Cora Virginia Smith Tucker DEATH MATED 3	
	E SE	3. SE)	3	- M
	SECE	J. JL/	MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOLINCED	20 HOOK
	8.20 E.R		F 10eg 4 7 06 19 YRS. DEAD 3	28 19 50 0957
	NECESSARY, PLEASE UNERAL DIRECTOR. DR YOUR FILES. WITHIN 72 HOURS PERTON STREET.	76 BI	IRTHPLACE (STATE OR)76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY)	NTY OF DEATH
	2225		md U.S.A WIDOWED & DIVORCED []	H
	AND AND ASSESSED.	10 CI	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOR	MD.
100	SEGER	1	FOR MOST OF WORKING LIFE)	OR INDUSTRY
1.1	155 HRS	11511	TNNAPOLIS HANE Trundel GEN Housewife	
5	SEE SE	13a. S	AL RESIDENCE OF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JATE 136 COUNTY 136 STREET ADDRESS 136 INSIDE (ITY LIMITS? 136 STREET ADDRESS 137 INSIDE (ITY LIMITS? 138 STREET ADDRESS 139 INSIDE (ITY LIMITS? 130 INSIDE (ITY LIMITS) (ITY LIMITS) (ITY LIMITS (ITY LIMITS) (ITY LIMITS) (ITY LIMITS) (ITY LIMITS (ITY LIMITS) (ITY LIMITS) (ITY LI	21/1/1
2120	A A W O R	/	Md. A.H. Arnold YES NO P'O'BOX	22! d
WD.	A A	14. F/	ATHER'S NAME 15. MOTHER'S MAIDEN NAME	
	を変わり		TIRST MIDDLE LAST TE PIRST MIDDLE	LAST
O	3984A	16e V	WALLS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	UHY
MI	AFTER DEATH IVE PAGES 1, IVE PAGES 1, AND ISION OFVICE ISION OFVI		SES NO, OR INKNOWN) (IF YES, GIVE WAR OR DATES)	
BALTIMORE,	JRS AFTER S. GIVE PA WITH FOR I. PAGES I DIVISION		NO 215-24-204/	
:	0.8 0.8 0.8 0.8 0.8 0.8 0.8 0.8 0.8 0.8		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (s)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	SE S		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CArdiae Hrrest	BETWEEN ONSET AND BEATH
ō	25050		DUE TO, OR AS A CONSEQUENCE OF	
E	Z S S S S S S S S S S S S S S S S S S S		Conditions, if any, which ASCUD	
4	A A A A A A A A A A A A A A A A A A A	17	gave rise to immediate (b)	
×.	ED WITH PENCI! AMINE 1. TRAP AENTAL		cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF	MINISTER AND AND ADDRESS OF THE PARTY OF THE
. 201	ULD BE EXECUTED WITHIN 24 HOU" "PENDING" IN PENCIL IN ITEM 18 F MEDICAL EXAMINER ALCONG ED AS A BURIAL - TRANSIT PERMIT HEATH AND MENTAL HYGIENE, CREMATION, OR REMOVAL		(c)	
SQ	A B B S G K	100	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
Ö	D BE EXE ENDING MEDICA AS A BU CREMA!	Z		
	DAY AND	CERTIFICATION	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
3	SHOUL ORD "I CHIEF TOF H	F.		
5	SHOW SHOW THE WAY	E	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 711. HOW IN HERY OCCURRED JENIES NATISE OF INJURY IN TEA 18 SAST LOS	YES NO
Ö	THE WEN		216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR UNDERLYING OR	PART 2)
N O	までらながる~	3	CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF VITAL RECORDS.	CERTIFICATE SHOULD RITING THE WORD "PEI RED TO THE CHIEF M E 3 SHOULD BE USED A E DEPARTMENT OF HEA DI PRIOR TO BURIAL OF	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	
ā	S C C C C C	Z	WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
	STA PAR		Al Work	
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: (, WITH THE: MARYLAND		278 Certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry . ond in my	apinian
	MER PET A		death resulted fram: Natural couses Accident . Suicide . Hamicide . Undetermined monner .	
	AK WE CHA		TITLE (SPECIFY)	11
	THOUSE.		SIGNATURE MEDICAL EXAMINER SIGN	
	SER SER		SIGNATURE MEDICAL EXAMINER SIGN	NED
	25 25 S		EXAMINER'S NAME (TYPE OR PRINT) William P. Jones, M.D. ADDRESS 695 America Ort., Davidonvill	le MH 21035
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIED BE PAGE 4 SHOULD BE PAGE AFTER DEATH, WITH BALTMORE, MARYLL	22- 01		2, 111. 2100
	- m m	130.BI	URIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION ATTORTOWN ATTORTOWN ATTORTOWN	OUNTY STATE
07/B4 25M	BP	12	WE 14 T D-21-1100 1111 CHZ 1111 1111 1111 1111 1111	-iA. Md
23141	DHMH - 17	74. FI	UNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS	- Andere
	(VR A15 ME (5))	6	E. HICKS 1922 Fore ST Drive ANNApure 03 1886 , Lie Devideon	



		1		STATE OF MARYLAND	
0.0	0 000 100	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6	7 1 1
00-	02010	L	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1			CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 26. HOUR
2	1 8 S. S. S.	1 '''	Sherman	Sherley Turner DEATH MAD DEATH	271986 M
1	ARY, PLEASE L DIRECTOR, COUR FILES. V 72 HOURS	3. SE	X 4 RACE , 5. D	ATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH	DAY YEAR 2d, HOUR
	- Harry		Mala Inhita a	DAY YEAR LAST RITHDAY) MONTHS DAYS HOURS MIN PRONOUNCEL	77 01 1577
	GESSARY VERAL DIR COR YOU VITHIN 72	1 4	WATER OF STILL	DEAD DEAD DEAD COUNTRY OF COUNTRY	L/ 186 174
	JECESSA UNERAL FOR YOUNGEN	/a. b	DREIGHLE OF THE OR THE	CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTRY	TY OF DEATH
	N S N N N N N N N N N N N N N N N N N N	14	went	U.J.A. WIDOWED DIVORCED Hell	MD.
	SHRA)0. C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK)	IST KIND OF BUSINESS.
	ACATO 7	No	IPN BUTNIE	Nonth Annade Colle Mar	Fretor Water
	- 35 30			ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	CALDINA HINGE
	120 ECHTAN	13a. S	STATE IN COUNTY	13d CHTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. SWEET ADDRESS	772781
	0 = 0	10	ATHER'S NAME	NANNAPOLIS YES NO J930 PAGEN	MONT NY
	## so X	2	FIRST	LE TO MOTHER'S MAIDEN NAME MIDDLE	100 11
	SHOW WAS TO	4	HAVER	INMEN BUSSIE	BAILEY
	W Madaga	160.	WAS DECEASED EVER IN U.S. ARMED	FORCES 166. SOCIAL SECURITY NO. 17. INFORMANT WITH ADDRESS	PHNORS
	BALTIMORE, MD. 21201 S. ATTER DEATH. IF ANY GIVE BORTS TO AND ITH IEORN PM. 3, RETA PACES 1, AND 2, SHOUL WISDIN SKYTIM RECEN		yes ww	11 413,26,9954 MAN Cotten Turder	711/11/2
	. 8. 3.		8 CAUSE OF DEATH (Enter only on	couse per line for (a) (b) and (b)	APPROXIMATE INTERVAL
			PARTIDEATH WAS CAUSED BY:	landin Home	BETWEEN ONSET AND DEATH
	PRESTON THIN 24 H CIL IN ITEM JER ALON ANSIT PER AL HYGIEN REMOVAL		IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE OF	
	WASTA A		Canditians, if any, which	DOE TO, OR AS A CONSEQUENCE OF A CONSEQU	
	ZA ZECITION OF THE PARTY OF THE		gave rise to immediate	(b) /1, 7, C, U, U,	
	W AMEN		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	ECORDS, 201 W. PRESTON ST DE EXECUTED WITHIN 24 HO ENDING" IN PENCIL IN ITEM I WEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERM ATH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	1	7	(c)	
	RECORDS, TO BE EXECTED BE EXECTED BE EXECTED AS A BUILD BEAUTH AN EXECUTED AN EXECUTED BEAUTH AND EXEC		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	DUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 (c).	
	NI RECOR	Z			
		H È	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	DIVISION OF VITAL RI HIS CERTIFICATE SHOULD MRITING THE WORD "PE ARDED TO THE CHIEF A ARDED TO THE ARDED THE OFFICE TO THE ARDED THE OFFICE TO THE ARDED THE OFFICE THE ARDED THE ARDED THE ARDED THE OFFICE THE ARDED THE ARDED THE ARDED THE OFFICE THE ARDED THE ARDED THE ARDED THE ARDED THE OFFICE THE ARDED THE ARD	CERTIFICATION			ZU AUTOPST?
	F VITA TE SHO WORD WORD WORD WORD WORD WORD WORD WOR	- 2	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY 216 HOW IN HIRY OCCUPPED (ENTER NATIOE OF INJURY IN TEXT 10 DAY) 2 CO.	YES NO
	O HAT SHE		UNDERLYING OR	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PA	ART 2)
	CERTIFICATE TING THE W DED TO THE 3 SHOULD I DEPARTMEN I PRIOR TO	MEDICAL	CONTRIBUTING CAUSE OF DEAT	P.M. 19	
	VIS 33.55 PRO SEP	0	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 211, LOCATION	
	PER SERVICE SE	2	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN CO	DUNTY STATE
	5050				
	L EXAMINER: CERTIFICATE DUID BE FORM. L DIRECTOR: H, WITH THE ST MARYLAND,		22a. I certify that I took charge of t	he remains described above, held an Autapsy Inspection Inquiry, and in my a	pinian
	ME WOLF		death resulted fram: Natural ca	uses Accident , Suicide , Hamicide Undetermined manner ,	
	EXAMING CERTIFICATION OF BE DIRECTION OF WARYLOW		11111	TITLE (SPECIFY)	1 1.
	AHOAE".		SIGNATURE MULLIS	DATE DATE	3/27/8/
	DEATING ONE.			M.D. TELLLY MEDICAL EXAMINER SIGNE	of of the
	FUN A PROPERTY		(TYPE OR PRINT) William	P. Joens, M.D. ADDRESS 695 America Ort., Davidonville,	MH 21035
	A TO PETO	230 B	URIAL CREMATION REMOVALE 235 D.		111. 4100
11/1	agan	(:	SPECIFY)	CITY OR TOWN COU	
254	BP BP	74 5	Burial MAF	31,1986 BETHPAGE PRESB.CEMETERY KANNAPOLIS KNC	
1	DHMH - 17	1000	HAME TO BE	250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S S	SIGNATURE
	(VR A15 ME (5))	S	INGLETON FUNERAL H	OME, GLEN BURNIE, MARYLAND APR OT 1986 Since Dund	son-yandeel



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINT WILLIAM WALTERS JOSEPH MARCH 1986 1. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR MALE WHITE JULY 1917 18 68 YRS RIMPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED ANNE ARUNDEL COUNTY VIRGINIA IISA WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SECURITY GUARD HOUSE OF CORREC USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE 136 COUNTY 131, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND A A Co. SEVERN YES T NO IX 1462 WASHINGTON AVE. 21144 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE RUFUS WALTERS PINEY (UNKNOWN) 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (Wife) WWII, KOREAN 215.38.9445 MRS. MARGARET L. WALTERS SAME AS 13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 1100 Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on MALEN W __ and that in (my) (our) opinion death accurred on the date and hour and from the couses stated obove, (I) (we) did not i view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 7845 OAKWOOD ROAD, SUITE BURNIE, MARYLAND 21061

DHMH - 16 60M 7/B4

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

Singleton Funeral Home

24 FUNERAL DIRECTOR

23t. NAME OF CEMETERY OR CREMATORY March 24,1986 Maryland Vet. Cem.

23d LOCATION CITY OR TOWN Crownsville

A A Co. MD.

Glen Burnie, Maryland MAK

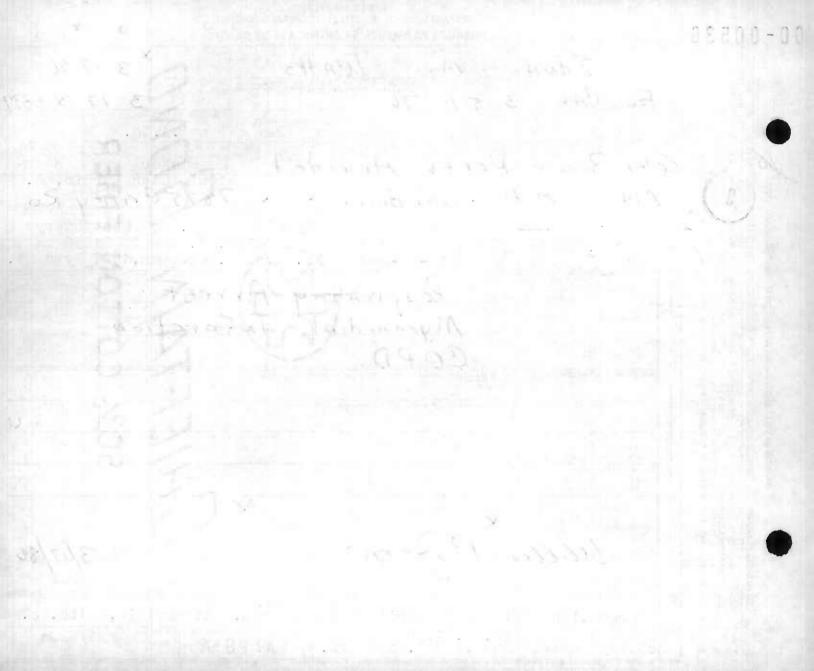
19:13

And the second s

. Committed April 19

The state of anything A to the series of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-00536 REGISTRAR REG. NO I. DECEASED NAME KNOWN V (TYPE OR PRINT) OF DEATH MATED AGE (IN YEARS IF LINDER 24 HRS 2d HOUR DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA A.A.Co. WIDOWED X W CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Hospital Homemaker W.Nd. Burnie, Md MIDDLE Myrtle Montgomerv Scott Koch 17 INFORMANT Balto . Md . ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-07-6808 Mr. Wayne V.Horseman, 1527 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO Q 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21 LOCATION 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME NOT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK MARYLAND, 220 I certify that I took charge of the remains described above, held an Autapsy and in my opinian EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted from: Natural causes Hamicide Undetermined manner MEDICAL EXAMINER 695 America Ort., Davidsonville, Md. 2103 EXAMINER'S NAME William P. Jones, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY INC. 238 LOCATION Catonsville, Balto . Co . Md Security Process Crem. Cremation BP 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR Balto.Md.21230 **DHMH - 17** Funeral Home, 130 E. Fort (VR A15 ME (5))



STATE OF MARYLAND 072036 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧣 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS March 8, 1986 Elizabeth Watts-Steele 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Female. White October 22, 1899 86 TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel County Maryland DIVORCED X WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE 8310 Railroad Avenue Homemaker Pasadena USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE Pasadena 21122 Maryland AA 8310 Railroad Avenue 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Odelia Gnup Schmaltz Robert Pasadena, MD IN U.S. ARMED FORCES" 17. INFORMAN' Clarice Scannell, 8087 Woodholme Circle 219-38-9853 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR ASJA CONSEQUENCE underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. saw the deceased alive an and that in (my) (our) apinion death accurred on the date and have and Iram the causes stated abave, (1) (we) (did) (did nat) view the pady after death DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 174 PHYSICIAN'S NAME OF THE CHIMINE 22e ADDRESS Jose M. Presbitero, M.D. 7845 Oakwood Road, Glen Burnie, MD 23c. NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. Park

MD

"indoon fandale

Glen Burnie

250 DATE REC'D. BY REGISTRAR 256. DEGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

23b. DATE

James S. Kirkley, Glen Burnie, MD

March 12,86

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

	卓	107
	deo	5 4
	fler	wit wit
201	0 5	filed
212	Poe	De a
2	24	The second
YIA	thin	ely sho
IAR	3	od ple
m,	to	COTT
OR	0.00	pund
TIN	7	1
BA	(1	D. IT
ST.,	15	Mr. S.
Z	1	-66
EST	deod	otter ove
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	he	the come
3	10	by
20	es	ple
DS,	duir	hen
S	3	nit l
RE	, o	per per
TAI	Th	nsit
F	Phys	tro Tro
OZ	SIC	uriol
S	PHY	this
2	S to	fter os th
-	NO I	R: A
-	TTE	50
	IOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death printed in executed within 24 hours ofter death.	FUNERAL DIRECTOR: After this certificate has been signed by the ottenuour physical and completely filled in by the funeral standard for use or should be filled with 22 to the control of the standard be filled with 22 to the control of the standard be filled with 22 to the control of the standard be filled with a 22 to the control of the standard be filled with a 22 to the control of the standard be filled with a 22 to the control of the standard between the control of the standard between the control of the standard between the control of the control of the standard between the control of the control of the standard between the control of the
	the of	etoc
	PIT,	VER.
	OP	AD!

										REG. N	0.				18.
	CEASED NAME	FIRST		MIDDLE		LA	\$1		1 2	20 DATE OF DEATH	MQNTH	DAY	YEAR	26 HO	JR
(III)	E OR PRINT)	LEONA		GRACE		WEB	STER			March 1,	1986			9:3	0 _{P.M}
3. SE	X		RACE			DATE OF			6	AGE (IN YEARS LAST BIR		I IF UNDE	RIYEAR	IF UNDER	
	emale	1.074	CAUS.	WHITE		MINTH	46	YE 498		87		MONTHS	DAYS	HOURS	MIN.
						•					YRS.				
	IRTHPLACE (STATE O	OR FOREIGN	b. CITIZEN OI	F WHAT COU	INTRY? 8	AAPPIED	- NEVER	MARRIED T	9	BALTIMORE CITY C	R COUNT	Y OF DE	ATH		
	MARYLAND		USA			IDOWED		NORCED [5	Allegany					MD.
10 C	ITY OR TOWN OF D	EATH	II. NAME OF		NURSING H	IOME OF				20. USUAL OCCUPATI	ION			F BUSIN	
C	_111			JCH FACILITY, GIV		RESS)			1	TYPE OF WORK FOR MOST C			USTRY	22 0	
	nberland		MEMOR L		CE BEFORE ADM	A ISS MONIT				Retired	CELA	NEDE	CUR	P	TLK
	STATE	136. COUN		13c. CITY C	ORTOWN	1	13d INSIDE	ITY LIMITS?	11	Je.STREET ADDRESS	ZIP COL	SEX/	00	12)
1	MD	ALLE	i.G	Cumb	erlan	d	YES	NO X		Alleg. C	ounty	Nur	sin	g Ho	me
14. F/	ATHER'S NAME		NIDDLE		AST	15 MOTHER'S MAIDEN NAME							4		
)	LEMUEL	N	NIDDLE	KELSO				SAF	2Δ	MIDDLE		KELS(LAS		
16a. V	WAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	-	AL SECURITY	(NO	17 INFORMA		W1	ADDRE		الملئلانا		_	_
	YES, NO OR UNKNOWN)		WAR OR DATES)		10-456				al	Hospital nue Cumbe					
	NO			21/-	10-450	04	Memor	cial A	vei	nue 'Cumbe	rland				
	18 CAUSE OF DEA	TH (Enter only	y one couse pe	er line for (o),	(b), and (c)	. 3						В	APPROXI	MATE INTE	RVAI DEATH
	PART I. DEATH		CAUSE (o)	Carl	Soul	ma	icm	Auce	X						
		DVIVE DIVINE													
	6 100 0		DUE TO, O	DR AS A CON	VSEQUENCI	E OF	X.	11 .	7	Discar					
	Conditions, if on gove rise to in		(b)_	ANI	MOH	Sil	5-4°C	70	<u>~</u>	100 real	4	-			
	couse (o), stot	ting the	DUE TO,	OR AS A CON	NSEQUENC	E OF									
	underlying cou	se lost	((c)_	100											
	PART 2. OTHER SIG	GNIFICANT CO	ONDITIONS C	ONTRIBUTIN	NG TO DEA	TH BUT N	OT RELATED	TO THE TEL	RMIN	IAL DISEASE OR CON	DITION G	IVEN IN F	PART 10		
CERTIFICATION	March	20	Oboto	77	-	0	0	Salar	1						
AT	19a. DATE OF OPER	ATION	196 CONE	DITION FOR	WHICH OPE	RATION	WAS PERFO	- 04		20a AUTOPSY?	70b. IF Y	ES, WERE	FINDIN	IGS LISE	D
문						/				14	IN CERT	IFYING C		OF DEA	TH?
E .	4		01) 71445	OF IVILLIDA			21 1101111			YES NO		ES _		NO [
	216. ACCIDENT WAS U		110110 4	OF INJURY	TH DAY	YEAR	ZIC HOW IN	IJURY OCCL	JRRED	D (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR	PART 2)		
S	(IF EITHER NOTIFY ME			P.M.		19									
MEDICAL	21d. INJURY OCCU	RRED		OF INJURY			21f LOCATE	ИС							
Z	WHILE NOT A	WHILE O	(AT HOME, S	TREET, FACTORY,	OFFICE, FARM,	ETC)	STREE			CITY OR TO	WN	COL	YIM		STATE
	MI WORK MI W		-1\ - **1 - 1 .	h. 1	1 -	A	2	10 /2	1	7	- P	B	fo		
	22a I certify that (oi) offended 1	ne deceosed	1986	-		_, 19_	1.	. 10	-	. 19 (2		hot (1) (-,
	obove, (I) (we)	did (did not)	view the bod	y ofter death.	19676	ond	thot in (my)	(our) opinio	on dec	oth occurred on the do	ote and ha	ond fr	om the	couses st	oted
	22b. SIGNATURE		Λ			D	EGREE		-			220	DATE	SIGNED	44-7
	1 Jan	Un	U					ATTENDING		MEDICAL STAF	F		3-	7_	26
	22d. PHYSICIAN'S	VAME (TYPE OR	PRINT)				22e ADDRES		-	ial Hospit		dioo	1 D	lda	00
	Dr. Robu	otiono	Parro	20									I D.	rug.	
				Ld					_	rland, MD	21302	-			
23a B	BURIAL, CREMATION	N, REMOVAL	23b. DATE		23c NAM	E OF CE	METERY OR	CREMATORY	Y	23d LOCATION		COUNT	v		TATE
,	BURIAL		MARCHA	4,1986	HILL.	CRES	T BURI	AT. PAR	RK	CUMBERLAN	ID AT I			ARYT	AND
	UNERAL DIRECTOR							25a D.	ATE R	REC'D. BY REGISTRAR					410
SII	COX-MERRI	TT FIN	ERAT. SI	FRVTCF°	TIMBI	TRT AT	ND MAR	YI AND	0	0 5 4000 I	6. 1: K	سمارندر	Pa	ndesse	
					COLIDI	THE M	THT!	TT4 14 14	N 1	TO BURNEY 4	WUN	PAY AND PARTY		4	- 5

DHMH - 16 60M 7/B4 (VRA 15, 4)

00	-01	608	8	1,-	FOR STATE REGISTRAR			DEPARTM	MENT OF HE	ALTH AND CATE OF I	MENTAL HYGI	ieų 6	REG. NO.	6 /	4 / EST	
		1	1		EASED NAME	FIRST	h	AIDDLE	LA	ī		20 DATE OF D	EATH MONTH	DAY YEAR	26. HOUR	
(9	ge 3		TTPE	OR PRINT)	MMIE	FA	.Y	WEB	STER	100	MAR	CH 25, 19	986	2:25 M	
	é é	0 40	1	3. SE			4 RACE		S. DATE OF			6 AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS		
	9e 4	rs of			FEMALE		V	Nhite	Marc	n 31,	1907		78 YRS	5.	S HOURS MIN.	
	Po	Pour Pour	2 -3		RTHPLACE STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MAPPIED	□ NEVER	MARRIED -	9 BALTIMOR	CITY OR COUN	ITY OF DEATH		
	eoth	in 72	55		Virginia		US	SA	WIDOWED		NORCED	ANNE	ARUNDEL	COUNTY	MD.	
5/	s offer d	by the furthelied with	54		LEN BURNIE	127-11	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / NORTH ARUNDEL					120 USUAL OF (TYPE OF WORK F HOMEN	OR MOST OF WORKING	STIFE) INDUSTR	KIND OF BUSINESS OR USTRY HOME	
ARYLAND 2120	24 hour	ould be f	33	13a. S	AL RESIDENCE (IF NURS TATE ARYLAND	136 COUN	OTHER INSTITUTION ATTY ARUNDE	GIVE RESIDENCE BEFORE 130. CITY OR TOW L SEVERNA	N		ITY LIMITS?	13e. STREET AL	odress inyon Ave	e. 2114	16	
YLA	星	2 sh		14. FA	THER'S NAME					15. MOTHER	S MAIDEN NAM	ΛE				
MAR	A P	and Day	20)	Thomas		MIDDLE	Wilkir	nson	A	lice	1	ay		per	
BALTIMORE,	execut	Pages 1	7	160 V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECU 264/11/4			ANT (Dau Edith F.		ADDRESS Same a	as 13		
ORDS, 201 W. PRESTON S	w requires that the death	been signed by the attendi mit. Then please remove car ariar to burial, cremation, a any injury, ar ather traumat)	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA:	lediate g the lost.	DUE TO, OF	R AS A CONSEQUE ONTRIBUTING TO D TION FOR WHICH	ENCE OF			INAL DISEASE	SY? 206. IF	YES, WERE FIND	DINGS USED	
AL RE	he lo	t per	9	TIFIC								YES 🗆	NO IN CER	TIFYING CAUSE YES [ES OF DEATH?	
DIVISION OF VITAL RECORDS,	ICIAN: T g physici	ertificate iol-transi intol Hyg tem 18 sh	4	-	210. ACCIDENT WAS UNE OR CONTRIBUTING (AUSE OF DEA	HOUR A.	M. MONTH DA	AY YEAR	21c HOW IN	NJURY OCCURR	ED (ENTER NATU	RE OF INJURY IN ITEM	18 PART I ORPART 2)		
IVISION	JG PHYS	ter this of the burner of the	/	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK IN AT WOR		71e. PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREE		, ,	CITY OR TOWN	COUNTY	STATE	
	ATTENDIN ospitol or	for use of Healt of Healt			220 I certify that (1) sow the decest above, (1) (we keep				A 6 one	that in cov	(our) opinion o	to	on the date and h	, 19 6	, that (1) Kye) last ne causes stated	
	L OR	AL DIREC detoched ote Dept. T: If them			226. SIGNATURE	1	- Trick the oddy	NN	3	EGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	Ma. DAT	IN ST P	
	SPIT ed by	TO FUNERA should be de with the Stat IMPORTANT	1		ZZE PHYSICIANS NA	MEMIREO	el Peloviti			22mADDRES	7845	OAKWOOD	ROAD #	204	700	
	TO HO	with t			CHARLES				` `		GLEN	BURNIE.	MARYLAN			
		- 4, 3			URIAL, CREMATION,						CREMATORY	23d LOCAT	TOWN	COUNTY	STATE	
	BP.		- 1	04.61	Buria	7	March 2	28,1986 S	pring	Hill				anawha	W. Va.	
		6 50M 4/B	2	24 FL	NERAL DIRECTOR NAME Singleton	Fune	value ral Home	e Glen B	urnie	Mary	6.6		1986		- Jandesse	

2 gg C

STATE OF MARYLAND

231 NAME OF CEMETERY OR CREMATORY

MeadowRidge

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR T.A. Hardesty Annapolis, Maryland 21401

4-3-86

Dorsey Howard 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

21061

COUNTY

STATE

STATE

Md.

that (1) (we) lost

3-31-86

2h HOUR

126 KIND OF BUSINESS OR

Household

1986

Dr

1 to be a

NE É SE

THE THE THE POST OF THE PARTY O

ALL DESCRIPTION

		FOR STATE REGISTRAR			FICATE OF DEATH	REG. NO.	6 / 4 EST
56177	1.06	CEASED HAME FIRST AUDI	REY E,	WILI	IAMS	MARCH MONTH	01, 1986 1118 AM
1	1.5E	Y Female	4 RACE White	S. DATE OF BIRTH Sept. 17, 1919		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35	Ja B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	
154	10 C	GLEN BURNIE	11. NAME OF HOSPITAL, NURSI	DEFINAL		12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Assist. Buyer	17b. KIND OF BUSINESS OR INDUSTRY Hutzlers
1	บรบ โก้	MAIL 13b COL	PROTHER INSTITUTION GIVE RESIDENCE BEFOI INTY Pasaden	VN	13d INSIDE CITY LIMITS? YES NO	756 216 th S	21122 t. Pasadena, Md.
020		William	MIDDLE LAST Smi		15. MOTHER'S MAIDEN NAME FIRST Helen	WIDDLE	Bradley
r Poper		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES) 217-01-6		Cecelia Sch	waab , same as	13
ingred by the attending physic has please remove carbonappe to build, clemation, or removal thiny, or other traumatic event. §	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	only one cause per line for (a), (b), o ED BY: OTHER CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ence of	not related to the term		APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH Y GIVEN IN PART To
hos been permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
the bycol-trons and Messal Hyg adv. Heft 8 st	MEDICAL CER	710. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 716 INJURY OCCURRED	HOUR A.M. MONTH	AY YEAR 19	216 HOW INJURY OCCUR!	RED (ENTER NATURE OF INJURY IN ITEM	IB PART (OR PART 2) COUNTY STATE
Professor, pressure and	STATE OF STREET	22a. I certify that (I) (this hasp	//	m	DEGREE ATTENDING PHYSICIAN PHYSICIA	death accurred on the date and DIRECTOR PHYSICIAN S AQUAHART ROAL RNIE, MARYLAND	3-/-86
2513	23a.	BURIAL CREMATION, REMOVA		len H		23d LOCATION CITYORTOWN Glen Burnie	COUNTY STATE Anne Arundel Md
H - 16 60M 7/B4	24 F	UNERAL DIRECTOR Mc Na Cully F. H.	3204 Mountain	. Pas	adena Md 25g. DAT	E REC'D. BY REGISTRAR 256. BEC	GISTRAR'S SIGNATURE

STATE OF MARYLAND

to a second of the second of t A CALCO THE MENT HON' The second section of the second seco and the second of the second o THE STATE OF THE S

> " Dec Bardick : Louis no light , Dollin es lo

SAME C. TOLL N. S.

To be the second of the second

00	- 0	02	68	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	EALTH AND A	MENTAL HYG	IENE 🖁	6 REG. NO	0	6	1	5 9sr
	be 3	death	3		CEASED NAME FIRST ROOSEVE	LT .	MIDDLE		LIAMS		20 DATE C		HINON	DAY	YEAR 1986	26 HOUR 627
	ige 4 moy	urs ofter d		3 SE	M	4 RACE	В	S. DATE C		**2°0		YEARS LAST BIRTH	YRS	NON THS	R I YEAR DATS	IF UNDER 24 HRS HOURS MIN.
	death. Pa	hin 72 ho	76	1	RTHPLACE (STATE OR FOREIGN OUNTRY)	Ţ	J.S.A.	WIDOWE		ORCED X		ANNE	ARUNI			TY
21201	by the	filed wit	54		GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NO. THE LANGUAGE POSPITAL IN THE OF WORK FOR MOST OF MAINTENAN								RKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY		
LAND 21	un 24 ho	should be	25	130	AL RESIDENCE OF NURSING HOME TATE MARYLAND THER'S NAME		13t CITY OR TOW SEVERN	N	13d INSIDE CI	NO X		ADDRESS /	RD.	21	146	
MARYLAND	omplete	Ond 2	20		BALLAM	WIDDIE	WILLI		GE	MAIDEN NAM	WE.	WIDDIE			LAST	
BALTIMORE	be exect	s. Poges	e medico	- (VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES!	243-38-		ADDIE	STEW	ART 7	5 MAN				
. 7	entificate o physics	опрорег етохої.	event, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (o)	ARDIO	-P	ILMO	NAR	YA	RRE	ST	-	APPROXIM ETWEEN O	MATE INTERVAL INSET AND DEATH
RESTON	deoth ca	ove corb	тоитор		Conditions, if ony, which gove rise to immediate	DUITE	DR ADAIGPINSE QUI	NCE OF	ARY	EM	BOL	LS.			10	lay.
201 W. PRESTON ST	that the	leose rem	or other t		couse to , stating the underlying couse lost.	Dugo.				CHO		-)
ORDS, 2	requires	t Then p	y injury.	TION	PART 2 OTHER SIGNIFICANT	ABET	ES	ME	-LIT	-VZ	- 19					
DIVISION OF VITAL RECORDS,	The law icion.	sit permi	2 shows or	CERTIFICATION	205 86	GAN	GRENOUS OF INJURY	CH	OLECYS	STITIS	YES [NOX	IN CERTI	FYING (CAUSES	GS USED OF DEATH? NO
N OF VI	ring phys	uniof-tronsi	Hem 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A	.m. MONTH DA	Y YEAR	21£ LOCATIO	JURY OCCURR	ED (ENIERN	ATURE OF INJURY	IN ITEM 18	PART I OR	PART 2)	
DISIAIG	ING PH	os the b	orkedo	ME	WHILE NOT WHILE AT WORK	(AT HOME S	OF INJURY FREET, FACTORY, OFFICE, F	2	STREET	V4		CITY OR TOW	N ill	0	UNIY	STATE
	ATTEND aspirtol o	d for use	E 2 I S E		27a. I certify that (1) (this has sow the deceased alive cobove, (1) (we) (dip to a cobove)	-		86. on		our) opinion d	leath occurr	ed on the dot	e and har		am the c	
	ITAL OR by the hy RAL DIRI	detoche	± - Z		27b. SIGNATURE	ary	Lingh			TTENDING PHYSICIAN	MEDICAL	STAFF	AN 🗆	22	3 1	1/86.
	HOSP	ould be	PORTA		122d PHYSICIAN'S NAM THE HARJIT SI	0	D.		22e ADDRESS	BALTIMO	RE, M	ARYLAN	D 21	225		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

24 FUNERAL DIRECTOR WM.C. MARCH F/H INC. 110 E. NORTH AVE.

3-15-86

231 NAME OF CEMETERY OR CREMATORY

MOUNT ZION

236 DATE

23a BURIAL, CREMATION, REMOVAL

BURIAL

LANSDOWNE

23d LOCATION

MARYLAND

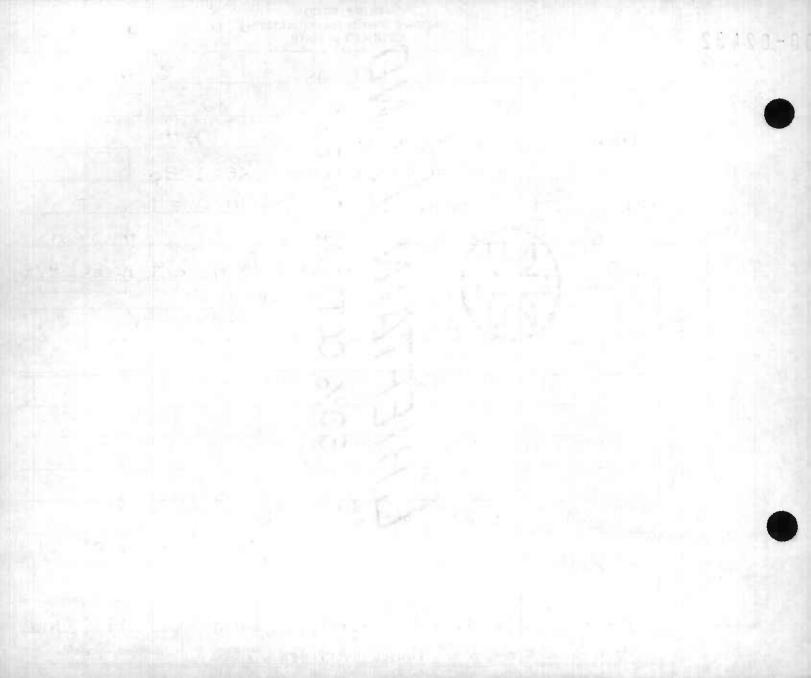
250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

After that an opening to a second at the bound above in the first

FOR STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES



1-0185		tem 16b, FilmG	614 4/3/86j DE	PARTMENT OF HEALTH AND MENTAL HY	GIENE 8 6 ()	6 / 5 3
0 0 1 0 3 .		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
				relyn Wolf	On a	DAY YEAR 2b. HOUR
8	-	FLORE		WOLF	MARCH	27/148/65 226
	3	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MEN
age of	V	emale	White	Sep. 17 1903		
n. Po	£ 14	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deor	1	Maryland	U.S.A.	WIDOWED DIVORCED	Anne Arundel C	
od we fa	7	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126 KIND OF BUSINESS C INDUSTRY
P P	7 / U:	Annapolis UAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENC	el General Hospital	Housewile	
1 32 %	5 13	STATE	NTY 130 CITY OF	R TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
言語介	2 h	Maryland Q.	.A. Steve	ensville YES X NO 1	Rt. 3 Box 295	21000
3 45 /	W	FIRST	MIDDLE	ST FIRST	WIDDIE	LAST
Per 5-/ 4	\mathcal{L}_{16}	Winfriee Johnson WAS DECEASED EVER IN U.S. AR		Florence LSEF HRITYING & F. INFORMANT	ADDRESS	
exec	21	(YES, NO OR UNKNOWN) (IF YES GIT	VE WAR OR DATES)	Deland De		oborro
pe se se	-	No		2 2100A Roland Br	uscup same as	
physicone on pop emoval		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per line far (3), ED BY TE CAUSE (a)	cull Pulumony	edens.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ending corbc n, or re			DUE TO, OR AS A CON	SEQUENCEOR	Pailure	
e de move		Conditions, if any, which gave rise to immediate	(b)(N	agricus men	- Course .	
y the		cause (0), stating the underlying couse lost	DUE TO, OR AS A COM	SECVENCE OF		A DAY OF
ed b			(5)	y a consum		
sign hen jo buy,	2		- ONDITIONS CONTRIBUTION	G TO BEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIV	EN IN PART 1/a
v rec	2	190 DATE OF OPERATION	19h CONDITION FOR V	WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 296. IF YES	, WERE FINDINGS USED
n. n. perm ne pr	1	The DATE OF OFERMION	The constitution of	THE TOTAL TOTAL TENTONMED	IN CERTIF	YING CAUSES OF DEATH?
The sicco		210 ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121r HOW IN HURY OCCUR	YES NO YES	S NO
itySicians ding physis is certifical burial-tran Mental Hy ar Item 18	100	OR CONTRIBUTION CAUSE OF OF	HOUR A.M. MONT	H DAY YEAR	TENTER INCIDE OF HOURT IN TENTER IS F.	ART TORPART 21
HYSIC Iding Ins cert burial Mente	7 Parity	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	21f LOCATION		
the the band of o	N N	WHITE NOT WHITE	(AT HOME, STREET FACTORY, O		CITY OR TOWN	COUNTY STATE
Afte os lith pork			1 2 1	9/13 2/	3 (2)	No.
END ol o OR: Use Heo		22a L certify that (I) (this hospi	4 1 1 7		, 10 0	19 that (Live)
ATT DSpire d fo d fo f. of m 2			ot) view the bady after death.		death occurred on the date and have	
the hosp toched to toched to the Dept.		22b. SIGNATURE	CV	DEGREE	# MEDICAL STAFF	22c. DATE SIGNED
4 40 -		1121	samo	PHYSICIAN	DIRECTOR PHYSICIAN	13/37/4
FUN Suld be the the		220 PHYSICIAN'S MAME (TYPE)	· Samore	15 mg 20 ADDRESS 20 5 10	idesely Du	e Annard
op	23	BURIAL CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	**
BP		Burial	03-25-86	Stevensville Cemete	ry Stevensville	Q.A. MD
	24	FUNERAL DIRECTOR			TE REC'D, BY REGISTRAR 25b. REGISTI	
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME		DREEF		Vavidoon-Rondel

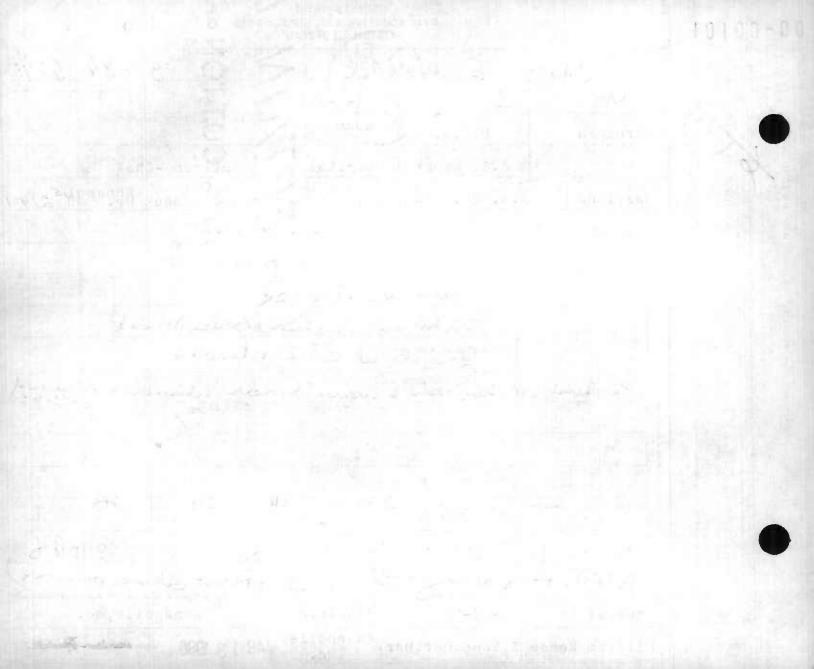
STATE OF THE PARTY OF THE PARTY

ethical et a series and a

La State of the Commerce of th

tor Betrameta Smered More, whereas, in statu Man S First Filler and file and

00-00101	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		6 / 5 4
moy be poge 3		CEASED NAME FIRST AME	S E U	OMACK S DATE OF BIRTH	20. DATE OF DEATH MONTH 3 6 AGE (IN YEARS LAST BIRTHDAY)	86 65 PM
_ i // X	L	M	25	MONT 8-6-1910	Y	MONTHS DATS HOURS MIN.
	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED LANEVER MARRI	ED 🔲 7. 17	MD.
: 6 15		ITY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE A . A . Gene	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) ral Hospital	ON 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK RETIRED - C	12b. KIND OF BUSINESS OR INDUSTRY
LAND 212	13a S	AL RESIDENCE (IF NURSING HOME COUNTY TO THE STATE 136 COUNTY TO THE STATE STAT	NTY 13c CITY OR		2 2 2 2 1 1	Annapalis 2/40/
MARYLA and within mpletely and 2 sh	14 FA	THER'S NAME Bannister L	MIDDLE LAS	15. MOTHER'S MAIL	DEN NAME	LAST
IMORE, In ond con medical		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN} {IF YES, G	OVE MAN OR DARKS	SECURITY NO. 17 INFORMANT -18-8714 Tal	nsy J. Womack	
ST., BALT ertificate k g physicio on papers removal. event, the			inly ane cause provine for (a), (b ED 8Y: ITE CAUSE (a)	lac and	st	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death contending of the conten		Conditions, if any, which gave rise to immediate	DUE TO OR AS TONS		e I Dela Pou	club
that the that the lease rem ral, crem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EGNENCE OF OF	soldensis	
RECORDS, 21 Ilow requires So been signe ermit. Then p ere prior to burn vs ony injury, v	TION	1. Yendferal (asi Caluth	- 3. Sugue Dr	HE TERMINAL DISEASE OR CONDITION	GIVEN IN PART TO COLUMN !
At The	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
DN OF VITAL TYSICIAN: The ding bysicion is centricore build-fronts is wented Hyguer and the man 18 show in them 18 show in the show i		218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE [IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
DIVISION OF VIT NG PHYSICIAN: - other day physician so the build-trans th and Mental Hyg orked or them 18 st	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE, FARM. ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN potal or TOR. Af for use a of Health		220.1 certify that (I) (this bose saw the deceased alive a	2/0/0/		apinion death occurred an the date and	d hour and from the causes stated
SPITAL OR A 3 by the hos NERAL DIREC be detoched e Store Dept.		22b. SIGNATURE	Dull t	DEGREE		3/10/86
TO HOSPITAL etoined by the TO FUNERAL with the Stote with the Stote MAPORTANT:		22d. PHYSICIANIS NAME (TYPE	on part helly	220 ADDRESS	- Poreso Du	ne Ame. my
PP	(SBUTIAL	3-12-86	Pinelawn	CITY OR APM napo	olisonMd. STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	UNERAL DIRECTOR Vil ^a liam Reese	e & Sons Mor	tuary Annapolis	250 DATE REC'D. 8Y REGISTRAR 256. RE MAR 1 3 1986	GISTRAR'S SIGNATURE



071096	1 -	FOR STATE REGISTRAR			DEP		NT OF H	OF MARY EALTH AND ICATE OF	MENTAL HYG	ie (§	6 REG. N	0	6 /	5 5	
be be	1. DECEASED NAME FIRST SARAH			I E. WOOD						20. DATE	OF DEATH	MONTH 03	01 86	26. HOU 203	
A moy	3. SE		4	4 RACE			5. DATE OF BIRTH MONTH DAY YEAR		6 AGE (IN YEARS LAST BI		MONTHS DAY		M	
oge urs o		F		Cai			05	Ô.	3 96		89	YRS			
Forth Po	(BIRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland CITY OR TOWN OF DEATH rownsville		USA	WHAT COUNTRY?		MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCES			Anne Arundel			el	OF DEATH MD	
of the fulled with				11. NAME OF HOSPITAL, NURS INC. (IF NOT IN SUCH FACILITY, GIVE STREET A Fairfield Nu		JRSING STREET ADI			13e SIREET ADDRESS Fairfield Lo			LIFE) 126. KIND INDUSTR	12b. KIND OF BUSINESS OR INDUSTRY		
MARYLAND 2120 In 24 hours. filled in by confide tile	13a. S	Md.	HOME OR O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13C CITY OR TOWN			ADMISSIONI					11/	11/500		
MARY!	14. FA	THER'S NAME FIRST Charles	Andre	ODIE	Proct			Emi]	FIRST	ME	WIDDLE		Welch	AST	
		VAS DECEASED EVER IN	U.S. ARM	ED FORCES?	166 SOCIAL		TY NO.	17 INFORM	-		ADDR	ESS		rylan	bl
OW IN	(1	res, no or unknown)	na na	WAR OR DATES)	217 46	5 27	63	Ethel	L L. Nut	well	5700 8	Swamo			
T., BALTIMORE, trico phys. emerge moved went, an apprised went, an apprised went, an apprised by the second physical phy		18 CAUSE OF DEATH (PART I. DEATH WAS	CAUSED	one couse per BY: C AUSE (a)	line for (a), (b			ac Aı				924		DXIMATE INTER	
201 W. PRESTON 9 es that the death ce red by the attending please remove carb urial, cremation, or r , or other traumotic		Conditions, if any, w gove rise to immed cause (a), stating underlying cause	diote the)	AS A CONSI	100	10/14/04	.V.D							
ures to signed signed be ple of burie	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Cerebrovascular Accident, old													
CORD	ATIO	Cerebr			ACC10				ORMED	20n At	JTOPSY?	20h IF Y	ES, WERE FIND	INGSTISE	D
he low in hos b it permisers or contract o	CERTIFICATION			1000			211			YES [IN CERT	TIFYING CAUSE	S OF DEAT	TH?
OF VITAL ICIAN: The g physicio entificate b iol-tronsit ntal Hygie		218. ACCIDENT WAS UNDERSON CONTRIBUTING CAU	ISE OF DEATH	21b. TIME OF HOUR A.A	A. MONTH	DAY	YEAR	21c HOW I	INJURY OCCURE	RED (ENTER	NATURE OF INJU	JRY IN ITEM 18	B PART I OR PART 2)		
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require r offending physician. Wher this certificate has been sign as the buriol-tronsit permit. Then the and Mental Hygiene prior to bu arked or flem 18 shaws any injury arked or flem 18 shaws any injury	MEDICAL	21d INJURY OCCURRED		21e PLACE C	OF INJURY ET, FACTORY, OF	FICE, FARA	M, ETC }	211 LOCAT STRE	ION	OR:	CITY OR TO	NWN	COUNTY	S	STATE
TENDIN Ital or IOR: Aff		22a. certify that (I) (the	nis hospito olive on	1) offended the	deceased fr	om 8	9/81 6	d that in (m)	, 19	, to	3/	ote and he	, 19 <u>86</u>	that (1) (s	
by the hosp ERAL DIREC E detoched if State Dept.		obove, (I) (we) (did 27b SIGNATURE	tem	of	Deter death.	>		PEGREE	ATTENDING PHYSICIAN				22c. DAT	esigned Mar	
O HOSPIT		22d PHYSICIAN'S NAM	one:	, 0				Ou	55 NO 201	ile,	Moru	land			
75 5 4 3 3	23a B	URIAL, CREMATION, RE	MOVAL	236 DATE		23c. NA	ME OF CE		CREMATORY	234.10	CATION		4017		
BP		burial		3 5 8		St J	Tames	Ceme	tery	Lo	thian .	Anne	Arunde:	L Mar	yland
DHMH - 16 50M 1/81	24 FL	NERAL DIRECTOR Raus	ch F	uneral	Home	win	gs M	đ	25a DATI	E REC D. B	Y REGISTRAR	25b. REG15	STRAR'S SIGNA	TURE	-

11-12-10-1

r Fore

A select Column and A related to the control of the Asset And Column And Colu

Principania USA Tingstonelle her elegion has a telegraphic to the second second COMPANIES AND COMPANIES OF THE COMPANIES No - 518 46 Jose Elizaveth B.Z.gd- 2183 Dat Magazineld and promited in mesented to and rationing 411 29 pose hora. Mospilati Styrist Lorente Tryle of uneral Chapet Homespots Mis